

08687774

to, a compound of the present invention in combination with: other (e.g., those other than inhibitors of the present invention)

HIV protease inhibitors (e.g. Ro

31-8959, SC 52151, **A-77003**, **A-**

80987, A-84538 and L-737,524); nucleoside and

non-nucleoside reverse transcriptase inhibitors preferably nucleoside reverse transcriptase inhibitors such as AZT, DDl, d4T, DDC, 3TC, or PMEA, and non-nucleoside reverse transcriptase inhibitors such as nevirapine, pyridinones (e.g. L-697,661), BHAPs (e.g. U-90152), alpha-APA derivatives (e.g., R 18893) and TIBO derivatives (e.g. R82913); inhibitors of tat such as RO24-7429; drugs which inhibit binding of the virus to CD.sub.4 receptors; inhibitors of RNase, integrase, or rev; and immunomodulators such as IFN-.alpha. (.alpha.-interferon).

DETD The antiviral activity of the retrocarbamate protease inhibitors of the present invention was evaluated by a microculture method which determines the increase in cell viability of an infected culture when a drug is added. The assay depends on the **metabolic** reduction of tetrazolium reagent by viable cells to yield a soluble colored formazan product.

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(FILE 'HOME' ENTERED AT 08:25:40 ON 12 NOV 1997)

FILE 'CAPLUS, EMBASE, MEDLINE, BIOSIS, USPATFULL' ENTERED AT 08:26:20 ON 12 NOV 1997

L1	415	FILE CAPLUS
L2	133	FILE EMBASE
L3	141	FILE MEDLINE
L4	251	FILE BIOSIS
L5	10	FILE USPATFULL
TOTAL FOR ALL FILES		
L6	950	S CYTOCHROME P450 MONOOXYGENASE?
L7	0	FILE CAPLUS
L8	0	FILE EMBASE
L9	0	FILE MEDLINE
L10	0	FILE BIOSIS
L11	0	FILE USPATFULL
TOTAL FOR ALL FILES		
L12	0	S L6 AND RITONAVIR
L13	74	FILE CAPLUS
L14	159	FILE EMBASE
L15	44	FILE MEDLINE
L16	96	FILE BIOSIS
L17	6	FILE USPATFULL
TOTAL FOR ALL FILES		
L18	379	S L6 AND SAQUINAVIR OR VX-478 OR MK-639 OR AG1343 OR A-77
L19	29	FILE CAPLUS
L20	35	FILE EMBASE
L21	40	FILE MEDLINE
L22	31	FILE BIOSIS
L23	4	FILE USPATFULL
TOTAL FOR ALL FILES		
L24	139	S L18 AND HIV PROTEASE INHIBITOR?
L25	0	FILE CAPLUS
L26	6	FILE EMBASE

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L27	19 FILE MEDLINE
L28	3 FILE BIOSIS
L29	2 FILE USPATFULL
	TOTAL FOR ALL FILES
L30	30 S L24 AND METABOLI?

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nelfinavir, indinavir and **VX-478**. Clinically significant drug interactions have been predicted between ritonavir and a range of medications. In patients with HIV-1 infection, ritonavir markedly reduced viral load within 2 weeks of treatment onset and also increased CD4+ cell counts. In a large placebo-controlled trial in patients with advanced HIV infection, the addition of ritonavir to existing therapy reduced the risk of mortality by 43% and clinical progression by 56% after 6.1 months. Triple therapy with ritonavir plus zidovudine, in combination with lamivudine or zalcitabine, reduced HIV viraemia to below detectable levels in most patients with acute, and some patients with advanced HIV infection in 2 small trials. Early results suggest combination therapy with ritonavir and saquinavir increases CD4+ cell counts and decreases HIV RNA levels in patients with previously untreated HIV infection.

CT Check Tags: Comparative Study; Human
Administration, Oral
*Anti-HIV Agents: PD, pharmacology
Anti-HIV Agents: PK, pharmacokinetics
Anti-HIV Agents: TU, therapeutic use
Biological Availability
Cytochrome P-450: GE, genetics
Cytochrome P-450: ME, metabolism
CD4-Positive T-Lymphocytes: CY, cytology
*CD4-Positive T-Lymphocytes: DE, drug effects
Dose-Response Relationship, Drug
Double-Blind Method
Drug Therapy, Combination
Drug Tolerance
*HIV Infections: DT, drug therapy
HIV Infections: GE, genetics
HIV Infections: MO, mortality
***HIV Protease Inhibitors: PD, pharmacology**
HIV Protease Inhibitors: PK, pharmacokinetics
HIV Protease Inhibitors: TU, therapeutic use
Lamivudine: AD, administration & dosage
Lamivudine: PD, pharmacology
Lamivudine: TU, therapeutic use
Leukocyte Count: DE, drug effects
Randomized Controlled Trials
Ritonavir: ME, metabolism
*Ritonavir: PD, pharmacology
Ritonavir: PK, pharmacokinetics
Ritonavir: TU, therapeutic use
RNA, Messenger: ME, metabolism
Zalcitabine: AD, administration & dosage
Zalcitabine: PD, pharmacology
Zalcitabine: TU, therapeutic use
Zidovudine: AD, administration & dosage
Zidovudine: PD, pharmacology
Zidovudine: TU, therapeutic use
CN 0 (Anti-HIV Agents); 0 (**HIV Protease Inhibitors**); 0 (Ritonavir); 0 (RNA, Messenger)

L30 ANSWER 13 OF 30 MEDLINE

ACCESSION NUMBER: 96431786 MEDLINE

TITLE: Antiviral and resistance studies of **AG1343**,
an orally bioavailable inhibitor of human

immunodeficiency virus protease.
 AUTHOR: Patick A K; Mo H; Markowitz M; Appelt K; Wu B; Musick L; Kalish V; Kaldor S; Reich S; Ho D; Webber S
 CORPORATE SOURCE: Department of Pharmacology, Agouron Pharmaceuticals, Inc., San Diego, CA 92121, USA.
 SOURCE: ANTIMICROBIAL AGENTS AND CHEMOTHERAPY, (1996 Feb) 40 (2) 292-7.
 Journal code: 6HK. ISSN: 0066-4804.
 PUB. COUNTRY: United States
 Journal; Article; (JOURNAL ARTICLE)
 LANGUAGE: English
 FILE SEGMENT: Priority Journals
 ENTRY MONTH: 9702
 ENTRY WEEK: 19970204

AB **AG1343** ([3S-(3R*,4aR*,8aR*,2'S*,3'S*)]-2-[2' hydroxy-3'-phenylthiomethyl-4'-aza-5'-oxo-5'-(2''-methyl-3''-hydroxy-phenyl) pentyl]-decahydroiso-quinoline-3-N-t-butylcarboxamide methanesulfonic acid) is a selective, nonpeptidic inhibitor of human immunodeficiency virus (HIV) protease ($K_i = 2$ nM) that was discovered by protein structure-based drug design methodologies. **AG1343** was effective against the replication of several laboratory and clinical HIV type 1 (HIV-1) or HIV-2 isolates including pyridinone- and zidovudine-resistant strains, with 50% effective concentrations ranging from 9 to 60 nM. In reversibility studies, inhibition of gag (p55) proteolytic processing in HIV-1 particles from cells treated with **AG1343** was maintained for up to 36 h after drug removal. The ability of virus to develop resistance to **AG1343** was studied by serial passage of HIV-1 NL4.3 in the presence of increasing concentrations of drug. After 28 passages, a variant with a 30-fold reduction in susceptibility to **AG1343** was isolated. Molecular analysis of the protease from this variant indicated a double change from a Met to Ile at residue 46 and an Ile to Val or Ala at residue 84 (M46I+I84V, A). Consistent with these findings, reductions in susceptibility were observed for recombinant viruses constructed to contain the single I84V change or the double M46I+I84V substitutions. Resistance, however, was not detected for recombinant viruses containing other key mutations in HIV-1 protease, including a Val to Ile change at residue 32 or a Val to Ala or Phe at residue 82. The potent anti-HIV activity of **AG1343** against several isolates suggests that **AG1343** should perform well during ongoing human phase II clinical trials.

TI Antiviral and resistance studies of **AG1343**, an orally bioavailable inhibitor of human immunodeficiency virus protease.

AB **AG1343** ([3S-(3R*,4aR*,8aR*,2'S*,3'S*)]-2-[2' hydroxy-3'-phenylthiomethyl-4'-aza-5'-oxo-5'-(2''-methyl-3''-hydroxy-phenyl) pentyl]-decahydroiso-quinoline-3-N-t-butylcarboxamide methanesulfonic acid) is a selective, nonpeptidic inhibitor of human immunodeficiency virus (HIV) protease ($K_i = 2$ nM) that was discovered by protein structure-based drug design methodologies. **AG1343** was effective against the replication of several laboratory and clinical HIV type 1 (HIV-1) or HIV-2 isolates including pyridinone- and zidovudine-resistant strains, with 50% effective concentrations ranging from 9 to 60 nM. In reversibility studies, inhibition of gag (p55) proteolytic processing in HIV-1 particles from cells treated with **AG1343** was maintained for up to 36 h after drug removal. The ability of virus to develop resistance to **AG1343** was studied by serial passage of

HIV-1 NL4.3 in the presence of increasing concentrations of drug. After 28 passages, a variant with a 30-fold reduction in susceptibility to **AG1343** was isolated. Molecular analysis of the protease from this variant indicated a double change from a Met to Ile at residue 46 and an Ile to Val or Ala at residue 84 (M46I+I84V, A). Consistent with these findings, reductions in susceptibility were observed for recombinant viruses constructed to contain the single I84V change or the double M46I+I84V substitutions. Resistance, however, was not detected for recombinant viruses containing other key mutations in HIV-1 protease, including a Val to Ile change at residue 32 or a Val to Ala or Phe at residue 82. The potent anti-HIV activity of **AG1343** against several isolates suggests that **AG1343** should perform well during ongoing human phase II clinical trials.

CT Check Tags: Comparative Study

Amino Acid Sequence

*Antiviral Agents: PD, pharmacology

Cells, Cultured

Drug Resistance, Microbial

Gene Products, gag: ME, metabolism

*HIV Protease Inhibitors: PD, pharmacology

*HIV-1: DE, drug effects

HIV-1: EN, enzymology

HIV-1: GE, genetics

*HIV-2: DE, drug effects

*Isoquinolines: PD, pharmacology

Microbial Sensitivity Tests

Molecular Sequence Data

Reverse Transcriptase Inhibitors: PD, pharmacology

Saquinavir: PD, pharmacology

*Sulfonic Acids: PD, pharmacology

Zidovudine: PD, pharmacology

CN 0 (Antiviral Agents); 0 (AG 1343); 0 (Gene Products, gag); 0 (

HIV Protease Inhibitors); 0

(Isoquinolines); 0 (Reverse Transcriptase Inhibitors); 0 (Sulfonic Acids)

L30 ANSWER 14 OF 30 MEDLINE

ACCESSION NUMBER: 96417630 MEDLINE

TITLE: Role of cytochrome P450 3A4 in human

metabolism of MK-639, a

potent human immunodeficiency virus protease inhibitor.

AUTHOR: Chiba M; Hensleigh M; Nishime J A; Balani S K; Lin J H

CORPORATE SOURCE: Department of Drug Metabolism, Merck Research Laboratories, West Point, PA 19486, USA.

SOURCE: DRUG METABOLISM AND DISPOSITION, (1996 Mar) 24 (3) 307-14.

Journal code: EBR. ISSN: 0090-9556.

PUB. COUNTRY: United States

Journal; Article; (JOURNAL ARTICLE)

LANGUAGE: English

FILE SEGMENT: Priority Journals

ENTRY MONTH: 9702

ENTRY WEEK: 19970204

AB **MK-639** (L-735,524) is a potent human

immunodeficiency virus protease inhibitor under investigation in the

treatment of acquired immunodeficiency syndrome. Five in vitro approaches have been used to identify the cytochrome P450 isoform(s) responsible for the human microsomal oxidative **metabolism** of **MK-639**. These approaches are: 1) chemical inhibition; 2) immunochemical inhibition; 3) **metabolism** by cDNA-expressed human cytochrome P450 enzymes; 4) a correlation analysis; and 5) competitive inhibition of marker activities. Ketoconazole and troleandomycin, both selective inhibitors for cytochrome P450 3A4 (CYP3A4), markedly inhibited the formation of all oxidative **metabolites** of **MK-639**; whereas other inhibitors (furafylline, sulfaphenazole, quinidine, S-mephenytoin, and diethyldithiocarbamate) had little effect on **MK-639 metabolism**. This suggested the involvement of CYP3A4 in **MK-639 metabolism**. Consistent with this, an anti-rat CYP3A1 rabbit polyclonal antibody, which shows a cross-reactive inhibition of CYP3A4-dependent testosterone 6beta-hydroxylation in human liver microsomes, completely inhibited **MK-639 metabolism**. Human recombinant CYP3A4 showed a high **metabolic** activity to form all **MK-639 metabolites** found in native human liver microsomes. In addition, the formation of individual **MK-639 metabolites** correlated well with each other and with testosterone 6beta-hydroxylation in 12 different human liver microsomes, whereas no correlation was observed between **MK-639 metabolite** formation and bufuralol 1'-hydroxylation (or tolbutamide methyl hydroxylation). Furthermore, **MK-639** strongly inhibited testosterone 6beta-hydroxylation in a concentration-dependent manner. Kinetic analysis showed that **MK-639** is a very potent competitive inhibitor for testosterone 6beta-hydroxylation, with a K_i value of approximately 0.5 μ M. Collectively, these results consistently indicate that CYP3A4 is the isoform responsible for the oxidative **metabolism** of **MK-639** in human liver microsomes.

TI Role of cytochrome P450 3A4 in human **metabolism** of **MK-639**, a potent human immunodeficiency virus protease inhibitor.

AB **MK-639** (L-735,524) is a potent human immunodeficiency virus protease inhibitor under investigation in the treatment of acquired immunodeficiency syndrome. Five in vitro approaches have been used to identify the cytochrome P450 isoform(s) responsible for the human microsomal oxidative **metabolism** of **MK-639**. These approaches are: 1) chemical inhibition; 2) immunochemical inhibition; 3) **metabolism** by cDNA-expressed human cytochrome P450 enzymes; 4) a correlation analysis; and 5) competitive inhibition of marker activities. Ketoconazole and troleandomycin, both selective inhibitors for cytochrome P450 3A4 (CYP3A4), markedly inhibited the formation of all oxidative **metabolites** of **MK-639**; whereas other inhibitors (furafylline, sulfaphenazole, quinidine, S-mephenytoin, and diethyldithiocarbamate) had little effect on **MK-639 metabolism**. This suggested the involvement of CYP3A4 in **MK-639 metabolism**. Consistent with this, an anti-rat CYP3A1 rabbit polyclonal antibody, which shows a cross-reactive inhibition of CYP3A4-dependent testosterone 6beta-hydroxylation in human liver microsomes, completely inhibited **MK-639**

metabolism. Human recombinant CYP3A4 showed a high **metabolic** activity to form all **MK-639 metabolites** found in native human liver microsomes. In addition, the formation of individual **MK-639 metabolites** correlated well with each other and with testosterone 6beta-hydroxylation in 12 different human liver microsomes, whereas no correlation was observed between **MK-639 metabolite** formation and bufuralol 1'-hydroxylation (or tolbutamide methyl hydroxylation). Furthermore, **MK-639** strongly inhibited testosterone 6beta-hydroxylation in a concentration-dependent manner. Kinetic analysis showed that **MK-639** is a very potent competitive inhibitor for testosterone 6beta-hydroxylation, with a K_i value of approximately 0.5 μ M. Collectively, these results consistently indicate that CYP3A4 is the isoform responsible for the oxidative **metabolism** of **MK-639** in human liver microsomes.

CT Check Tags: Human

Antibiotics, Macrolide: PD, pharmacology

Antifungal Agents: PD, pharmacology

*Cytochrome P-450: ME, metabolism

*Hydroxylases: ME, metabolism

Hydroxylation: DE, drug effects

*HIV Protease Inhibitors: ME, metabolism

*Indinavir: ME, metabolism

Isoenzymes

Ketoconazole: PD, pharmacology

*Microsomes, Liver: ME, metabolism

Troleandomycin: PD, pharmacology

CN EC 1.14. (Hydroxylases); EC 1.14.99.- (nifedipine oxidase); 0 (Antibiotics, Macrolide); 0 (Antifungal Agents); 0 (HIV Protease Inhibitors); 0 (Isoenzymes)

L30 ANSWER 15 OF 30 MEDLINE

ACCESSION NUMBER: 96338373 MEDLINE

TITLE: Human serum alpha 1 acid glycoprotein reduces uptake, intracellular concentration, and antiviral activity of **A-80987**, an inhibitor of the human immunodeficiency virus type 1 protease.

AUTHOR: Bilello J A; Bilello P A; Stellrecht K; Leonard J; Norbeck D W; Kempf D J; Robins T; Drusano G L

CORPORATE SOURCE: Department of Medicine, Albany Medical College, New York 12208, USA.

SOURCE: ANTIMICROBIAL AGENTS AND CHEMOTHERAPY, (1996 Jun) 40 (6) 1491-7.

Journal code: 6HK. ISSN: 0066-4804.

PUB. COUNTRY: United States

Journal; Article; (JOURNAL ARTICLE)

LANGUAGE: English

FILE SEGMENT: Priority Journals

ENTRY MONTH: 9704

ENTRY WEEK: 19970401

AB The therapeutic utility of a human immunodeficiency virus type 1 (HIV-1) protease inhibitor may depend on its intracellular concentration, which is a property of its uptake, **metabolism**, and/or efflux. Previous studies in our laboratory indicated that the addition of alpha 1 acid glycoprotein (alpha 1 AGP) to the medium markedly increased the amount of the drug required to limit

infection in vitro. In this study, physiologically relevant concentrations of alpha 1 AGP and a radiolabeled inhibitor, **A-80987**, were used to determine both the uptake and activity of the agent in HIV-1-infected human peripheral blood mononuclear cells and cell lines. Both the uptake and efflux of ¹⁴C-labeled **A-80987** were rapid ($t_{1/2}$, < 5 min). Uptake of the drug was linearly dependent on the concentration but insensitive to the **metabolic** inhibitors KF, sodium cyanide, or CCCP (carbonyl cyanide m-chlorophenyl hydrazone). The amount of **A-80987** which entered the cells was inversely proportional to the concentration of alpha 1 AGP (r^2 , 0.99) and directly proportional to the amount of extracellular non-protein-bound drug (r^2 , 0.99). Most importantly, the antiviral activity of the drug in HIV-1-infected peripheral blood mononuclear cells and MT-2 cells was directly related to the amount of intracellular **A-80987**. This study demonstrates that **A-80987** binds to alpha 1 AGP, resulting in a free fraction below 10%. Cellular uptake of **A-80987** is proportionally decreased in the presence of alpha 1 AGP, which results in less-than-expected antiviral activity. Importantly, we demonstrate for the first time that the inhibition of HIV protease is highly correlated with the amount of intracellular inhibitor.

TI Human serum alpha 1 acid glycoprotein reduces uptake, intracellular concentration, and antiviral activity of **A-80987**

, an inhibitor of the human immunodeficiency virus type 1 protease.
 AB The therapeutic utility of a human immunodeficiency virus type 1 (HIV-1) protease inhibitor may depend on its intracellular concentration, which is a property of its uptake, **metabolism**, and/or efflux. Previous studies in our laboratory indicated that the addition of alpha 1 acid glycoprotein (alpha 1 AGP) to the medium markedly increased the amount of the drug required to limit infection in vitro. In this study, physiologically relevant concentrations of alpha 1 AGP and a radiolabeled inhibitor, **A-80987**, were used to determine both the uptake and activity of the agent in HIV-1-infected human peripheral blood mononuclear cells and cell lines. Both the uptake and efflux of ¹⁴C-labeled **A-80987** were rapid ($t_{1/2}$, < 5 min). Uptake of the drug was linearly dependent on the concentration but insensitive to the **metabolic** inhibitors KF, sodium cyanide, or CCCP (carbonyl cyanide m-chlorophenyl hydrazone). The amount of **A-80987** which entered the cells was inversely proportional to the concentration of alpha 1 AGP (r^2 , 0.99) and directly proportional to the amount of extracellular non-protein-bound drug (r^2 , 0.99). Most importantly, the antiviral activity of the drug in HIV-1-infected peripheral blood mononuclear cells and MT-2 cells was directly related to the amount of intracellular **A-80987**. This study demonstrates that **A-80987** binds to alpha 1 AGP, resulting in a free fraction below 10%. Cellular uptake of **A-80987** is proportionally decreased in the presence of alpha 1 AGP, which results in less-than-expected antiviral activity. Importantly, we demonstrate for the first time that the inhibition of HIV protease is highly correlated with the amount of intracellular inhibitor.

CT Check Tags: Human
 Cell Line

HIV Protease Inhibitors: ME, **metabolism**

*HIV Protease Inhibitors: PK, pharmacokinetics
 *HIV-1: DE, drug effects
 HIV-1: ME, metabolism
 Orosomucoid: ME, metabolism
 *Orosomucoid: PD, pharmacology
 Polymerase Chain Reaction
 Protein Binding
 Pyridines: ME, metabolism
 *Pyridines: PK, pharmacokinetics
 RNA, Viral: DE, drug effects
 CN 0 (A 80987); 0 (HIV Protease
 Inhibitors); 0 (Orosomucoid); 0 (Pyridines); 0 (RNA, Viral)

L30 ANSWER 16 OF 30 MEDLINE
 ACCESSION NUMBER: 96298219 MEDLINE
 TITLE: In vitro **metabolism** of a potent HIV
 -protease inhibitor (141W94)
 using rat, monkey and human liver S9.
 AUTHOR: Singh R; Chang S Y; Taylor L C
 CORPORATE SOURCE: Glaxo Wellcome Inc., Research Triangle Park, NC
 27709, USA.
 SOURCE: RAPID COMMUNICATIONS IN MASS SPECTROMETRY, (1996) 10
 (9) 1019-26.
 Journal code: A9Q. ISSN: 0951-4198.
 PUB. COUNTRY: ENGLAND: United Kingdom
 Journal; Article; (JOURNAL ARTICLE)
 LANGUAGE: English
 FILE SEGMENT: Priority Journals
 ENTRY MONTH: 9704
 ENTRY WEEK: 19970403

AB Compound 141W94 (Vertex VX478) (3S)-tetrahydro-3-furyl
 N-[(S,2R)-3-(4-amino-N-isobutylbenzenesulfonamido)-1-benzyl-
 2-hydroxypropyl] carbamate, is a potent HIV-
 protease inhibitor and is currently undergoing
 clinical trials. The purpose of this study was the rapid
 identification of the phase I and II in vitro **metabolite**
 of 141W94 using mass spectrometry. Four different sources of liver
 S9 fractions were used for studying comparative in vitro
 metabolism of 141W94. They were obtained from
 Arochlor-induced rat, normal (untreated) rat, cynomolgus monkey and
 human livers. Selected incubations were supplemented with uridine
 diphosphate glucuronic acid and the reduced form of glutathione. The
 predominant species seen in the incubation mixture was the parent
 compound 141W94. **Metabolites** arising from ring opening to
 form the diol and carboxylic acid and oxidation of the
 tetrahydrofuran ring (formation of dihydrofuran) were identified.
 In addition, of the two monohydroxylated products identified, one
 resulted from hydroxylation on the aniline ring and the other from
 hydroxylation at the benzylic position. Two different glucuronides
 were also observed. Comparing the three species, very little
 metabolism was seen in the normal (non-induced) rat. The
 metabolic profile and extent of **metabolism** with
 induced rat, monkey and human S9 was similar. Induced rat S9
 incubation showed the formation of two unique **metabolites**
 that were not seen in non-induced rat, monkey and human S9
 fractions. They were the monohydroxylated glucuronide and a
 carbamate cleavage product. The **metabolites** were
 identified using mass spectrometry based on their molecular masses

- and fragmentation patterns.
- TI In vitro **metabolism** of a potent **HIV-protease inhibitor** (141W94) using rat, monkey and human liver S9.
- AB Compound 141W94 (Vertex VX478) (3S)-tetrahydro-3-furyl N-[(S,2R)-3-(4-amino-N-isobutylbenzenesulfonamido)-1-benzyl-2-hydroxypropyl] carbamate, is a potent **HIV-protease inhibitor** and is currently undergoing clinical trials. The purpose of this study was the rapid identification of the phase I and II in vitro **metabolite** of 141W94 using mass spectrometry. Four different sources of liver S9 fractions were used for studying comparative in vitro **metabolism** of 141W94. They were obtained from Arochlor-induced rat, normal (untreated) rat, cynomolgus monkey and human livers. Selected incubations were supplemented with uridine diphosphate glucuronic acid and the reduced form of glutathione. The predominant species seen in the incubation mixture was the parent compound 141W94. **Metabolites** arising from ring opening to form the diol and carboxylic acid and oxidation of the tetrahydrofuran ring (formation of dihydrofuran) were identified. In addition, of the two monohydroxylated products identified, one resulted from hydroxylation on the aniline ring and the other from hydroxylation at the benzylic position. Two different glucuronides were also observed. Comparing the three species, very little **metabolism** was seen in the normal (non-induced) rat. The **metabolic** profile and extent of **metabolism** with induced rat, monkey and human S9 was similar. Induced rat S9 incubation showed the formation of two unique **metabolites** that were not seen in non-induced rat, monkey and human S9 fractions. They were the monohydroxylated glucuronide and a carbamate cleavage product. The **metabolites** were identified using mass spectrometry based on their molecular masses and fragmentation patterns.
- CT Check Tags: Animal; Comparative Study; Human; In Vitro
 Aroclors: PD, pharmacology
 Chromatography, High Pressure Liquid
***HIV Protease Inhibitors: ME, metabolism**
 Liver: CY, cytology
***Liver: ME, metabolism**
 Macaca fascicularis
 Rats
 Rats, Sprague-Dawley
 Species Specificity
 Spectrophotometry, Ultraviolet
 Spectrum Analysis, Mass
Subcellular Fractions: ME, metabolism
***Sulfonamides: ME, metabolism**
- CN 0 (Aroclors); 0 (**HIV Protease Inhibitors**); 0 (Sulfonamides); 0 (**VX 478**)

L30 ANSWER 17 OF 30 MEDLINE

ACCESSION NUMBER: 96279343 MEDLINE

TITLE: Kinetic characterization of human immunodeficiency virus type-1 protease-resistant variants.

AUTHOR: Pazhanisamy S; Stuver C M; Cullinan A B; Margolin N; Rao B G; Livingston D J

CORPORATE SOURCE: Vertex Pharmaceuticals Incorporated, Cambridge, Massachusetts 02139, USA.

SOURCE: JOURNAL OF BIOLOGICAL CHEMISTRY, (1996 Jul 26) 271
(30) 17979-85.
Journal code: HIV. ISSN: 0021-9258.
PUB. COUNTRY: United States
Journal; Article; (JOURNAL ARTICLE)
LANGUAGE: English
FILE SEGMENT: Priority Journals; Cancer Journals
ENTRY MONTH: 9611

AB Passage of human immunodeficiency virus type-1 (HIV-1) in T-lymphocyte cell lines in the presence of increasing concentrations of the hydroxylethylamino sulfonamide inhibitor **VX-478** or VB-11328 results in sequential accumulation of mutations in HIV-1 protease. We have characterized recombinant HIV-1 proteases that contain these mutations either individually (L10F, M46I, I47V, I50V) or in combination (the double mutant L10F/I50V and the triple mutant M46I/I47V/I50V). The catalytic properties and affinities for sulfonamide inhibitors and other classes of inhibitors were determined. For the I50V mutant, the efficiency (kcat/Km) of processing peptides designed to mimic cleavage junctions in the HIV-1 gag-pol polypeptide was decreased up to 25-fold. The triple mutant had a 2-fold higher processing efficiency than the I50V single mutant for peptide substrates with Phe/Pro and Tyr/Pro cleavage sites, suggesting that the M46I and I47V mutations are compensatory. The effects of mutation on processing efficiency were used in conjunction with the inhibition constant (Ki) to evaluate the advantage of the mutation for viral replication in the presence of drug. These analyses support the virological observation that the addition of M46I and I47V mutations on the I50V mutant background enables increased survival of the HIV-1 virus as it replicates in the presence of **VX-478**. Crystal structures and molecular models of the active site of the HIV-1 protease mutants suggest that changes in the active site can selectively affect the binding energy of inhibitors with little corresponding change in substrate binding.

AB Passage of human immunodeficiency virus type-1 (HIV-1) in T-lymphocyte cell lines in the presence of increasing concentrations of the hydroxylethylamino sulfonamide inhibitor **VX-478** or VB-11328 results in sequential accumulation of mutations in HIV-1 protease. We have characterized recombinant HIV-1 proteases that contain these mutations either individually (L10F, M46I, I47V, I50V) or in combination (the double mutant L10F/I50V and the triple mutant M46I/I47V/I50V). The catalytic properties and affinities for sulfonamide inhibitors and other classes of inhibitors were determined. For the I50V mutant, the efficiency (kcat/Km) of processing peptides designed to mimic cleavage junctions in the HIV-1 gag-pol polypeptide was decreased up to 25-fold. The triple mutant had a 2-fold higher processing efficiency than the I50V single mutant for peptide substrates with Phe/Pro and Tyr/Pro cleavage sites, suggesting that the M46I and I47V mutations are compensatory. The effects of mutation on processing efficiency were used in conjunction with the inhibition constant (Ki) to evaluate the advantage of the mutation for viral replication in the presence of drug. These analyses support the virological observation that the addition of M46I and I47V mutations on the I50V mutant background enables increased survival of the HIV-1 virus as it replicates in the presence of **VX-478**. Crystal structures and molecular models of the active site of the HIV-1 protease mutants suggest that changes in the active site can

selectively affect the binding energy of inhibitors with little corresponding change in substrate binding.

CT Check Tags: Comparative Study
 Amino Acid Sequence
 Binding Sites
 Hydrolysis
 HIV Protease: DE, drug effects
 *HIV Protease: GE, genetics
HIV Protease Inhibitors: PD, pharmacology
 *HIV-1: EN, enzymology
 *HIV-1: GE, genetics
 Isoquinolines: PD, pharmacology
 Kinetics
 Models, Molecular
 Molecular Sequence Data
 *Mutation
Oligopeptides: ME, metabolism
 Pyridines: PD, pharmacology
 Quinolines: PD, pharmacology
 Selection (Genetics)
 Substrate Specificity
 Sulfonamides: PD, pharmacology
 Variation (Genetics)

CN EC 3.4.23.- (HIV Protease); 0 (**HIV Protease Inhibitors**); 0 (Isoquinolines); 0 (Oligopeptides); 0 (Pyridines); 0 (Quinolines); 0 (Sulfonamides); 0 (**VX 478**)

L30 ANSWER 18 OF 30 MEDLINE
 ACCESSION NUMBER: 96217762 MEDLINE
 TITLE: Relevance of plasma protein binding to antiviral activity and clinical efficacy of inhibitors of human immunodeficiency virus protease [letter; comment].
 COMMENT: Comment on: J Infect Dis 1995 Nov;172(5):1238-45
 AUTHOR: Bilello J A; Drusano G L
 SOURCE: JOURNAL OF INFECTIOUS DISEASES, (1996 Jun) 173 (6) 1524-6.
 Journal code: IH3. ISSN: 0022-1899.
 PUB. COUNTRY: United States
 Commentary
 Letter
 LANGUAGE: English
 FILE SEGMENT: Abridged Index Medicus Journals; Priority Journals
 ENTRY MONTH: 9609

CT Check Tags: Human
Antiviral Agents: ME, metabolism
 *Antiviral Agents: PD, pharmacology
***Blood Proteins: ME, metabolism**
 Clinical Trials
 *HIV: DE, drug effects
 HIV Infections: DT, drug therapy
HIV Protease Inhibitors: ME, metabolism
***HIV Protease Inhibitors: PD, pharmacology**
Orosomucoid: ME, metabolism
 Protein Binding
Sulfonamides: ME, metabolism
 *Sulfonamides: PD, pharmacology

CN 0 (Antiviral Agents); 0 (Blood Proteins); 0 (**HIV**

Protease Inhibitors); 0 (Orosomucoid); 0
(Sulfonamides); 0 (**VX 478**)

L30 ANSWER 19 OF 30 MEDLINE

ACCESSION NUMBER: 96202332 MEDLINE

TITLE: Human immunodeficiency virus type 1 viral background plays a major role in development of resistance to protease inhibitors.

AUTHOR: Rose R E; Gong Y F; Greytok J A; Bechtold C M; Terry B J; Robinson B S; Alam M; Colonna R J; Lin P F

CORPORATE SOURCE: Department of Virology, Bristol-Myers Squibb Company, Wallingford, CT 06492, USA.

SOURCE: PROCEEDINGS OF THE NATIONAL ACADEMY OF SCIENCES OF THE UNITED STATES OF AMERICA, (1996 Feb 20) 93 (4) 1648-53.

Journal code: PV3. ISSN: 0027-8424.

PUB. COUNTRY: United States

Journal; Article; (JOURNAL ARTICLE)

LANGUAGE: English

FILE SEGMENT: Priority Journals; Cancer Journals

ENTRY MONTH: 9609

AB The observed in vitro and in vivo benefit of combination treatment with anti-human immunodeficiency virus (HIV) agents prompted us to examine the potential of resistance development when two protease inhibitors are used concurrently. Recombinant HIV-1 (NL4-3) proteases containing combined resistance mutations associated with BMS-186318 and **A-77003** (or saquinavir) were either inactive or had impaired enzyme activity. Subsequent construction of HIV-1 (NL4-3) proviral clones containing the same mutations yielded viruses that were severely impaired in growth or nonviable, confirming that combination therapy may be advantageous. However, passage of BMS-186318-resistant HIV-1 (RF) in the presence of either saquinavir or SC52151, which represented sequential drug treatment, produced viable viruses resistant to both BMS-186318 and the second compound. The predominant breakthrough virus contained the G48V/A71T/V82A protease mutations. The clone-purified RF (G48V/A71T/V82A) virus, unlike the corresponding defective NL4-3 triple mutant, grew well and displayed cross-resistance to four distinct protease inhibitors. Chimeric virus and in vitro mutagenesis studies indicated that the RF-specific protease sequence, specifically the Ile at residue 10, enabled the NL4-3 strain with the triple mutant to grow. Our results clearly indicate that viral genetic background will play a key role in determining whether cross-resistance variants will arise.

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the G48V/A71T/V82A protease mutations. The clone-purified RF (G48V/A71T/V82A) virus, unlike the corresponding defective NL4-3 triple mutant, grew well and displayed cross-resistance to four distinct protease inhibitors. Chimeric virus and in vitro mutagenesis studies indicated that the RF-specific protease sequence, specifically the Ile at residue 10, enabled the NL4-3 strain with the triple mutant to grow. Our results clearly indicate that viral genetic background will play a key role in determining whether cross-resistance variants will arise.

- CT Check Tags: Comparative Study; Human
 Amino Acid Sequence
 Carbamates: PD, pharmacology
 Clone Cells
 Drug Administration Schedule
 Drug Resistance, Microbial: GE, genetics
 Drug Therapy, Combination
 DNA Mutational Analysis
 DNA, Recombinant: GE, genetics
 DNA, Viral: GE, genetics
 Ethanolamines: PD, pharmacology
 Hela Cells
 *HIV Protease: GE, genetics
 HIV Protease Inhibitors: AD, administration & dosage
 *HIV Protease Inhibitors: PD, pharmacology
 *HIV-1: DE, drug effects
 HIV-1: EN, enzymology
 HIV-1: GE, genetics
 Isoquinolines: PD, pharmacology
 Methylurea Compounds: PD, pharmacology
 Molecular Sequence Data
 Point Mutation
 Proviruses: EN, enzymology
 Proviruses: GE, genetics
 Pyridines: PD, pharmacology
 Quinolines: PD, pharmacology
 Recombinant Fusion Proteins: AI, antagonists & inhibitors
 Recombinant Fusion Proteins: ME, metabolism
 T-Lymphocytes
 Urea: AA, analogs & derivatives
 Urea: PD, pharmacology
- CN EC 3.4.23.- (HIV Protease); 0 (BMS 186318); 0 (Carbamates); 0 (DNA, Recombinant); 0 (DNA, Viral); 0 (Ethanolamines); 0 (HIV Protease Inhibitors); 0 (Isoquinolines); 0 (Methylurea Compounds); 0 (Pyridines); 0 (Quinolines); 0 (Recombinant Fusion Proteins); 0 (SC 52151)

L30 ANSWER 20 OF 30 MEDLINE

ACCESSION NUMBER: 96139551 MEDLINE

TITLE: Efficacy of constant infusion of A-

77003, an inhibitor of the human

immunodeficiency virus type 1 (HIV-1) protease, in limiting acute HIV-1 infection in vitro.

AUTHOR: Bilello J A; Bilello P A; Kort J J; Dudley M N; Leonard J; Drusano G L

CORPORATE SOURCE: Department of Medicine, Albany Medical College, New York 12208, USA.

SOURCE: ANTIMICROBIAL AGENTS AND CHEMOTHERAPY, (1995 Nov) 39 (11) 2523-7.

JOURNAL code: 6HK. ISSN: 0066-4804.
PUB. COUNTRY: United States
Journal; Article; (JOURNAL ARTICLE)
LANGUAGE: English
FILE SEGMENT: Priority Journals
ENTRY MONTH: 9605

- AB **A-77003**, a human immunodeficiency virus type 1 (HIV-1) protease inhibitor, is effective for both acute and chronic infection in vitro and was evaluated clinically by continuous intravenous infusion administration. The minimum effective dose (the concentration required to completely inhibit viral replication) was determined in vitro in a population of uninfected (99%) and HIV-infected (1%) cells exposed to **A-77003** by continuous infusion in hollow-fiber bioreactors. The production of infectious HIV and release of p24 antigen from infected cells were completely inhibited in cultures exposed to **A-77003** at or above a concentration of 0.5 microM. Measurement of unintegrated HIV-1 DNA synthesis and flow cytometric analysis for cells expressing HIV p24 antigen demonstrated that the spread of HIV to uninfected cells was also blocked at 0.5 microM **A-77003**. Dose deescalation to 0.25 microM or removal of **A-77003** resulted in the limited spread of the virus throughout the culture, the resumption of viral DNA synthesis, and release of p24. HIV produced after exposure to 0.5 microM **A-77003** was noninfectious for a period of 72 h after the removal of the drug. Addition of 1 mg of alpha 1-acid glycoprotein per ml to this in vitro system completely ablated the anti-HIV effect of 0.5 microM **A-77003**. These data suggest that determination of the minimum effective dose under conditions which simulate human pharmacodynamic patterns may be useful in determining the initial dose and schedule for clinical trials. However, other factors, such as serum protein binding, may influence the selection of a therapeutic regimen.
- TI Efficacy of constant infusion of **A-77003**, an inhibitor of the human immunodeficiency virus type 1 (HIV-1) protease, in limiting acute HIV-1 infection in vitro.
- AB **A-77003**, a human immunodeficiency virus type 1 (HIV-1) protease inhibitor, is effective for both acute and chronic infection in vitro and was evaluated clinically by continuous intravenous infusion administration. The minimum effective dose (the concentration required to completely inhibit viral replication) was determined in vitro in a population of uninfected (99%) and HIV-infected (1%) cells exposed to **A-77003** by continuous infusion in hollow-fiber bioreactors. The production of infectious HIV and release of p24 antigen from infected cells were completely inhibited in cultures exposed to **A-77003** at or above a concentration of 0.5 microM. Measurement of unintegrated HIV-1 DNA synthesis and flow cytometric analysis for cells expressing HIV p24 antigen demonstrated that the spread of HIV to uninfected cells was also blocked at 0.5 microM **A-77003**. Dose deescalation to 0.25 microM or removal of **A-77003** resulted in the limited spread of the virus throughout the culture, the resumption of viral DNA synthesis, and release of p24. HIV produced after exposure to 0.5 microM **A-77003** was noninfectious for a period of 72 h after the removal of the drug. Addition of 1 mg of alpha 1-acid glycoprotein per ml to this in vitro system completely ablated the anti-HIV effect of 0.5 microM **A-77003**. These

data suggest that determination of the minimum effective dose under conditions which simulate human pharmacodynamic patterns may be useful in determining the initial dose and schedule for clinical trials. However, other factors, such as serum protein binding, may influence the selection of a therapeutic regimen.

CT Check Tags: Human
 Antiviral Agents: AD, administration & dosage
 *Antiviral Agents: PD, pharmacology
 Cell Line
 Dose-Response Relationship, Drug
 DNA, Viral: BI, biosynthesis
 Flow Cytometry
 HIV Core Protein p24: ME, metabolism
 HIV Protease Inhibitors: AD, administration & dosage
 *HIV Protease Inhibitors: PD, pharmacology
 *HIV-1: DE, drug effects
 HIV-1: PH, physiology
 Methylurea Compounds: AD, administration & dosage
 *Methylurea Compounds: PD, pharmacology
 Orosomucoid: ME, metabolism
 Orosomucoid: PD, pharmacology
 Polymerase Chain Reaction
 Pyridines: AD, administration & dosage
 *Pyridines: PD, pharmacology
 T-Lymphocytes: VI, virology
 Virus Replication: DE, drug effects
 CN 0 (Antiviral Agents); 0 (DNA, Viral); 0 (HIV Core Protein p24); 0 (HIV Protease Inhibitors); 0 (Methylurea Compounds); 0 (Orosomucoid); 0 (Pyridines)

L30 ANSWER 21 OF 30 MEDLINE

ACCESSION NUMBER: 96036379 MEDLINE
 TITLE: Weak binding of **VX-478** to human plasma proteins and implications for anti-human immunodeficiency virus therapy [see comments].
 COMMENT: Comment in: J Infect Dis 1996 Jun;173(6):1524-6
 AUTHOR: Livingston D J; Pazhanisamy S; Porter D J; Partaledis J A; Tung R D; Painter G R
 CORPORATE SOURCE: Vertex Pharmaceuticals Inc., Cambridge, MA 02139, USA.
 SOURCE: JOURNAL OF INFECTIOUS DISEASES, (1995 Nov) 172 (5) 1238-45.
 Journal code: IH3. ISSN: 0022-1899.
 PUB. COUNTRY: United States
 Journal; Article; (JOURNAL ARTICLE)
 LANGUAGE: English
 FILE SEGMENT: Abridged Index Medicus Journals; Priority Journals
 ENTRY MONTH: 9602

AB **VX-478** is a potent inhibitor of human immunodeficiency virus type 1 (HIV-1) protease (K_i , 0.6 nM) and of HIV-1 replication in antiviral assays (IC_{90} , 80 nM). The fractional binding of **VX-478** to human plasma and to purified plasma proteins was determined by equilibrium dialysis and difference UV spectrophotometry. Binding to alpha 1-acid glycoprotein (89% at 2 microM total drug concentration, K_d of 4 microM) accounts for its fractional binding in plasma (93%). Stopped-flow spectrophotometry methods showed that binding is a reversible two-step process. The measured dissociation rate constant

- approaches 100 s⁻¹. The antiviral effect of **VX-478** was determined in the presence of 45% human plasma, in which the IC₉₀ increased by 1.5-fold compared with control experiments in the presence of 15% fetal bovine serum. The effects of protein binding on the antiviral activity of **VX-478** are minor, as expected for a weak drug-protein interaction.
- TI Weak binding of **VX-478** to human plasma proteins and implications for anti-human immunodeficiency virus therapy [see comments].
- AB **VX-478** is a potent inhibitor of human immunodeficiency virus type 1 (HIV-1) protease (K_i, 0.6 nM) and of HIV-1 replication in antiviral assays (IC₉₀, 80 nM). The fractional binding of **VX-478** to human plasma and to purified plasma proteins was determined by equilibrium dialysis and difference UV spectrophotometry. Binding to alpha 1-acid glycoprotein (89% at 2 microM total drug concentration, K_d of 4 microM) accounts for its fractional binding in plasma (93%). Stopped-flow spectrophotometry methods showed that binding is a reversible two-step process. The measured dissociation rate constant approaches 100 s⁻¹. The antiviral effect of **VX-478** was determined in the presence of 45% human plasma, in which the IC₉₀ increased by 1.5-fold compared with control experiments in the presence of 15% fetal bovine serum. The effects of protein binding on the antiviral activity of **VX-478** are minor, as expected for a weak drug-protein interaction.
- CT Check Tags: Animal; Human
 *Acquired Immunodeficiency Syndrome: DT, drug therapy
 *Antiviral Agents: BL, blood
 Blood
 *Blood Proteins: ME, metabolism
 Cattle
 Fetus
 *HIV Protease Inhibitors: BL, blood
 Kinetics
 Molecular Structure
 *Orosomucoid: ME, metabolism
 Protein Binding
 Spectrophotometry, Ultraviolet
 *Sulfonamides: BL, blood
- CN 0 (Antiviral Agents); 0 (Blood Proteins); 0 (HIV Protease Inhibitors); 0 (Orosomucoid); 0 (Sulfonamides); 0 (**VX 478**)

L30 ANSWER 22 OF 30 MEDLINE

ACCESSION NUMBER: 95363927 MEDLINE

TITLE: In vitro selection and characterization of human immunodeficiency virus type 1 (HIV-1) isolates with reduced sensitivity to hydroxyethylamino sulfonamide inhibitors of HIV-1 aspartyl protease.

AUTHOR: Partaledis J A; Yamaguchi K; Tisdale M; Blair E E; Falcione C; Maschera B; Myers R E; Pazhanisamy S; Futer O; Cullinan A B; et al

CORPORATE SOURCE: Vertex Pharmaceuticals Incorporated, Cambridge, Massachusetts 02139-4211, USA.

SOURCE: JOURNAL OF VIROLOGY, (1995 Sep) 69 (9) 5228-35.
 Journal code: KCV. ISSN: 0022-538X.

PUB. COUNTRY: United States
 Journal; Article; (JOURNAL ARTICLE)

LANGUAGE: English
FILE SEGMENT: Priority Journals; Cancer Journals
ENTRY MONTH: 9511

- AB Human immunodeficiency virus type 1 (HIV-1) variants with reduced sensitivity to the hydroxyethylamino sulfonamide protease inhibitors VB-11,328 and **VX-478** have been selected in vitro by two independent serial passage protocols with HIV-1 in CEM-SS and MT-4 cell lines. Virus populations with greater than 100-fold-increased resistance to both inhibitors compared with the parental virus have been obtained. DNA sequence analyses of the protease genes from VB-11,328- and **VX-478** -resistant variants reveal a sequential accumulation of point mutations, with similar resistance patterns occurring for the two inhibitors. The deduced amino acid substitutions in the resistant protease are Leu-10-->Phe, Met-46-->Ile, Ile-47-->Val, and Ile-50-->Val. This is the first observation in HIV protease resistance studies of an Ile-50-->Val mutation, a mutation that appears to arise uniquely against the sulfonamide inhibitor class. When the substitutions observed were introduced as single mutations into an HIV-1 infectious clone (HXB2), only the Ile-50-->Val mutant showed reduced sensitivity (two- to threefold) to VB-11,328 and **VX-478**. A triple protease mutant infectious clone carrying the mutations Met-46-->Ile, Ile-47-->Val, and Ile-50-->Val, however, showed much greater reduction in sensitivity (14- to 20-fold) to VB-11,328 and **VX-478**. The same mutations were studied in recombinant HIV protease. The mutant protease Ile-50-->Val displays a much lower affinity for the inhibitors than the parent enzyme (< or = 80-fold). The protease triply mutated at Met-46-->Ile, Ile-47-->Val, and Ile-50-->Val shows an even greater decrease in inhibitor binding (< or = 270-fold). The sulfonamide-resistant HIV protease variants remain sensitive to inhibitors from other chemical classes (Ro 31-8959 and L-735,524), suggesting possibilities for clinical use of **HIV protease inhibitors** in combination or serially.
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CT Check Tags: Comparative Study; Human
 Amino Acid Sequence
 Base Sequence
 Cell Line
 DNA Primers
 HIV Protease: CH, chemistry
***HIV Protease: ME, metabolism**
***HIV Protease Inhibitors: PD, pharmacology**
 *HIV-1: DE, drug effects
 HIV-1: IP, isolation & purification
 HIV-1: PH, physiology
 Kinetics
 Microbial Sensitivity Tests
 Models, Molecular
 Molecular Sequence Data
 Molecular Structure
 Mutagenesis, Site-Directed
 Point Mutation
 Polymerase Chain Reaction
 Protein Conformation
 Recombinant Proteins: AI, antagonists & inhibitors
 Recombinant Proteins: BI, biosynthesis
 Recombinant Proteins: CH, chemistry
 Structure-Activity Relationship
 *Sulfonamides: PD, pharmacology
 T-Lymphocytes
 Virus Replication: DE, drug effects

CN EC 3.4.23.- (HIV Protease); 0 (DNA Primers); 0 (**HIV Protease Inhibitors**); 0 (Recombinant Proteins); 0 (Sulfonamides); 0 (VB 11328); 0 (**VX 478**)

L30 ANSWER 23 OF 30 MEDLINE

ACCESSION NUMBER: 95352609 MEDLINE
 TITLE: Kinetic characterization and cross-resistance patterns of HIV-1 protease mutants selected under drug pressure.
 AUTHOR: Gulnik S V; Suvorov L I; Liu B; Yu B; Anderson B; Mitsuya H; Erickson J W
 CORPORATE SOURCE: SAIC-Frederick, National Cancer Institute-Frederick Cancer Research and Development Center, Maryland 21702-1201, USA.
 SOURCE: BIOCHEMISTRY, (1995 Jul 25) 34 (29) 9282-7. Journal code: A0G. ISSN: 0006-2960.
 PUB. COUNTRY: United States
 Journal; Article; (JOURNAL ARTICLE)
 LANGUAGE: English
 FILE SEGMENT: Priority Journals
 ENTRY MONTH: 9511

AB Eleven different recombinant, drug-resistant HIV-1 protease (HIV PR) mutants--R8Q, V32I, M46I, V82A, V82F, V82I, I84V, V32I/I84V, M46I/V82F, M46I/I84V, and V32I/K45I/F53L/A71V/I84V/L89M--were

generated on the basis of results of in vitro selection experiments using the inhibitors **A-77003**, **A-84538**, and **KNI-272**. Kinetic parameters of mutant and wild-type (WT) enzymes were measured along with inhibition constants (K_i) toward the inhibitors **A-77003**, **A-84538**, **KNI-272**, **L-735,524**, and **Ro31-8959**. The catalytic efficiency, k_{cat}/K_m , for the mutants decreased relative to WT by a factor of 1.2-14.8 and was mainly due to the elevation of K_m . The effects of specific mutations on K_i values were unique with respect to both inhibitor and mutant enzyme. A new property, termed vitality, defined as the ratio $(K_{ikcat}/K_m)_{mutant}/(K_{ikcat}/K_m)_{WT}$ was introduced to compare the selective advantage of different mutants in the presence of a given inhibitor. High vitality values were generally observed with mutations that emerged during in vitro selection studies. The kinetic model along with the panel of mutants described here should be useful for evaluating and predicting patterns of resistance for HIV PR inhibitors and may aid in the selection of inhibitor combinations to combat drug resistance.

AB Eleven different recombinant, drug-resistant HIV-1 protease (HIV PR) mutants--**R8Q**, **V32I**, **M46I**, **V82A**, **V82F**, **V82I**, **I84V**, **V32I/I84V**, **M46I/V82F**, **M46I/I84V**, and **V32I/K45I/F53L/A71V/I84V/L89M**--were generated on the basis of results of in vitro selection experiments using the inhibitors **A-77003**, **A-84538**, and **KNI-272**. Kinetic parameters of mutant and wild-type (WT) enzymes were measured along with inhibition constants (K_i) toward the inhibitors **A-77003**, **A-84538**, **KNI-272**, **L-735,524**, and **Ro31-8959**. The catalytic efficiency, k_{cat}/K_m , for the mutants decreased relative to WT by a factor of 1.2-14.8 and was mainly due to the elevation of K_m . The effects of specific mutations on K_i values were unique with respect to both inhibitor and mutant enzyme. A new property, termed vitality, defined as the ratio $(K_{ikcat}/K_m)_{mutant}/(K_{ikcat}/K_m)_{WT}$ was introduced to compare the selective advantage of different mutants in the presence of a given inhibitor. High vitality values were generally observed with mutations that emerged during in vitro selection studies. The kinetic model along with the panel of mutants described here should be useful for evaluating and predicting patterns of resistance for HIV PR inhibitors and may aid in the selection of inhibitor combinations to combat drug resistance.

CT Check Tags: Comparative Study
 Amino Acid Sequence
 Binding Sites
 Carbamates: PD, pharmacology
 Cloning, Molecular
 Drug Resistance, Microbial
 *HIV Protease: ME, metabolism
 *HIV Protease Inhibitors: PD, pharmacology
 *HIV-1: EN, enzymology
 Isoquinolines: PD, pharmacology
 Kinetics
 Methylurea Compounds: PD, pharmacology
 Mutagenesis, Site-Directed
 Oligopeptides: PD, pharmacology
 *Point Mutation
 Pyridines: PD, pharmacology
 Quinolines: PD, pharmacology
 Recombinant Proteins: ME, metabolism
 Structure-Activity Relationship

11/12/97

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L30 ANSWER 1 OF 30 EMBASE COPYRIGHT 1997 ELSEVIER SCI. B.V.
ACCESSION NUMBER: 97299931 EMBASE
TITLE: Human immunodeficiency virus protease inhibitors From
drug design to clinical studies.
AUTHOR: Lin J.H.
CORPORATE SOURCE: J.H. Lin, Drug Metabolism, Merck Research
Laboratories, West Point, PA 19486, United States
SOURCE: Advanced Drug Delivery Reviews, (1997) 27/2-3
(215-233).
Refs: 58
ISSN: 0169-409X CODEN: ADDREP
PUBLISHER IDENT.: S 0169-409X(97)00044-6
COUNTRY: Netherlands
DOCUMENT TYPE: Journal
FILE SEGMENT: 030 Pharmacology
037 Drug Literature Index
LANGUAGE: English
SUMMARY LANGUAGE: English

AB The discovery of human immunodeficiency virus (HIV)
protease inhibitors is an example in which
pharmacokinetic evaluation was implemented early in the discovery
phase to obtain optimal pharmacological and pharmacokinetic
properties. Currently, three **HIV protease
inhibitors**, saquinavir, indinavir and ritonavir are
clinically available. As a family, these **HIV
protease inhibitors** are characterized
pharmacologically by their ability to inhibit the viral protease
enzyme. Pharmacokinetically, they are quite different due to their
dissimilarity in physicochemical properties. Bioavailability appears
to be limited with saquinavir, but not with indinavir and ritonavir.
Although all three drugs are **metabolized** extensively by
cytochrome P-450, saquinavir and indinavir are high clearance drugs
while ritonavir is a low clearance drug. Despite their significant
differences in elimination clearance, all three HIV proteases are
given at high oral doses (600-800 mg) either twice or three times
daily. These **HIV protease inhibitors**
show superior therapeutic activity and a more favorable safety
profile than those reported for the established reverse
transcriptase inhibitors. However, the potential for interactions
with other drugs **metabolized** by the CYP 3A4 isoform
appears to be considerable. In addition, repeated administration of
enzyme inducers results in a substantial decrease of plasma
concentrations of protease inhibitors. Therefore, co-administration
of drugs, such as rifampicin and rifabutin, must be avoided.
HIV protease inhibitors are promising in
the treatment of AIDS. Although they are not a cure, they can
significantly inhibit that viral replication and improve the quality
of life for people who have HIV infection.

AB The discovery of human immunodeficiency virus (HIV)
protease inhibitors is an example in which
pharmacokinetic evaluation was implemented early in the discovery
phase to obtain optimal pharmacological and pharmacokinetic
properties. Currently, three **HIV protease
inhibitors**, saquinavir, indinavir and ritonavir are
clinically available. As a family, these **HIV**

protease inhibitors are characterized pharmacologically by their ability to inhibit the viral protease enzyme. Pharmacokinetically, they are quite different due to their dissimilarity in physicochemical properties. Bioavailability appears to be limited with saquinavir, but not with indinavir and ritonavir. Although all three drugs are **metabolized** extensively by cytochrome P-450, saquinavir and indinavir are high clearance drugs while ritonavir is a low clearance drug. Despite their significant differences in elimination clearance, all three HIV proteases are given at high oral doses (600-800 mg) either twice or three times daily. These **HIV protease inhibitors** show superior therapeutic activity and a more favorable safety profile than those reported for the established reverse transcriptase inhibitors. However, the potential for interactions with other drugs **metabolized** by the CYP 3A4 isoform appears to be considerable. In addition, repeated administration of enzyme inducers results in a substantial decrease of plasma concentrations of protease inhibitors. Therefore, co-administration of drugs, such as rifampicin and rifabutin, must be avoided.

HIV protease inhibitors are promising in the treatment of AIDS. Although they are not a cure, they can significantly inhibit that viral replication and improve the quality of life for people who have HIV infection.

CT EMTAGS: infection (0310); pharmacokinetics (0194); dog (0711); mammal (0738); monkey (0725); human (0888); nonhuman (0777); rat (0733); oral drug administration (0181); review (0001); priority journal (0007)

Medical Descriptors:

*human immunodeficiency virus infection

*pharmacokinetics

enzyme induction

drug design

physical chemistry

drug bioavailability

drug absorption

dog

monkey

drug transport

drug metabolism

drug protein binding

human

nonhuman

rat

oral drug administration

review

priority journal

Drug Descriptors:

*saquinavir: IT, drug interaction

*saquinavir: PK, pharmacokinetics

*indinavir: IT, drug interaction

*indinavir: PK, pharmacokinetics

*ritonavir: IT, drug interaction

*ritonavir: PK, pharmacokinetics

proteinase inhibitor: PK, pharmacokinetics

zidovudine: IT, drug interaction

zalcitabine: IT, drug interaction

rifampicin: IT, drug interaction

rifabutin: EC, endogenous compound

clarithromycin: IT, drug interaction
 stavudine: IT, drug interaction
 desipramine: IT, drug interaction
 nifedipine: IT, drug interaction
 terfenadine: IT, drug interaction
 dextromethorphan: IT, drug interaction

a 77003: PK, pharmacokinetics

a 80987: PK, pharmacokinetics

RN (saquinavir) 127779-20-8; (indinavir) 150378-17-9, 157810-81-6;
 (ritonavir) 155213-67-5; (protease inhibitor) 37205-61-1;
 (zidovudine) 30516-87-1; (zalcitabine) 7481-89-2; (rifampicin)
 13292-46-1; (rifabutin) 72559-06-9; (clarithromycin) 81103-11-9;
 (stavudine) 3056-17-5; (desipramine) 50-47-5, 58-28-6; (nifedipine)
 21829-25-4; (terfenadine) 50679-08-8; (dextromethorphan) 125-69-9,
 125-71-3; (**a 77003**) 134878-17-4

CN **A 77003; A 80987**

L30 ANSWER 2 OF 30 EMBASE COPYRIGHT 1997 ELSEVIER SCI. B.V.

ACCESSION NUMBER: 97159073 EMBASE

TITLE: Hepatic and intestinal **metabolism** of
 indinavir, an **HIV protease**
inhibitor, in rat and human microsomes: Major
 role of CYP3A.

AUTHOR: Chiba M.; Hensleigh M.; Lin J.H.

CORPORATE SOURCE: Dr. M. Chiba, Merck Research Laboratories, Department
 of Drug Metabolism, West Point, PA 19486, United
 States

SOURCE: Biochemical Pharmacology, (1997) 53/8 (1187-1195).
 Refs: 22

ISSN: 0006-2952 CODEN: BCPA6

PUBLISHER IDENT.: S 0006-2952(97)00100-7

COUNTRY: United States

DOCUMENT TYPE: Journal

FILE SEGMENT: 030 Pharmacology
 037 Drug Literature Index

LANGUAGE: English

SUMMARY LANGUAGE: English

AB The **metabolism** of indinavir, a human immune deficiency
 virus (**HIV protease inhibitor**), has
 been characterized extensively in rats and humans. All oxidative
metabolites found in vivo were formed when indinavir was
 incubated with NADPH-fortified hepatic and intestinal microsomes
 obtained from rats and humans. In vitro kinetic studies revealed
 that V(max)/K(m) values ($\mu\text{L}/\text{min}/\text{mg}$ protein) in rat and human
 liver microsomes were approximately 8- and 2-fold greater than those
 in the intestinal microsomes of the corresponding species (55.8 and
 6.7 for the liver and intestine, respectively, in rats; 16.5 and 7.7
 for the liver and intestine, respectively, in humans). However, when
 V(max)/K(m) was scaled up to intrinsic clearance ($\text{mL}/\text{min}/\text{kg}$ body
 weight), hepatic intrinsic clearance was much greater than the
 intestinal clearance by 50- to 200-fold. These results suggest that
 the liver plays a much greater role in first-pass **metabolism**
 of indinavir than the intestine in both species. Consistently,
 ketoconazole, a selective inhibitor for CYP3A, and an anti-rat
 CYP3A1 antibody strongly inhibited hepatic and intestinal
metabolism of indinavir in both rats and humans, suggesting
 the involvement of CYP3A isoforms in both organs. Oral treatment of
 rats with dexamethasone (50 mg/kg/day for 4 days), a potent CYP3A

inducer, increased both hepatic and intestinal **metabolism** of indinavir by a factor of 7 and 3, respectively. Furthermore, indinavir selectively inhibited 6.beta.-hydroxylase activity of testosterone, a CYP3A marker activity, in rat and human liver microsomes; the interactions between testosterone and indinavir were competitive with $K(i)$ values of $< 1.0 \mu\text{M}$.

TI Hepatic and intestinal **metabolism** of indinavir, an **HIV protease inhibitor**, in rat and human microsomes: Major role of CYP3A.

AB The **metabolism** of indinavir, a human immune deficiency virus (HIV) **protease inhibitor**, has been characterized extensively in rats and humans. All oxidative **metabolites** found in vivo were formed when indinavir was incubated with NADPH-fortified hepatic and intestinal microsomes obtained from rats and humans. In vitro kinetic studies revealed that $V(\text{max})/K(\text{m})$ values ($\mu\text{L}/\text{min}/\text{mg}$ protein) in rat and human liver microsomes were approximately 8- and 2-fold greater than those in the intestinal microsomes of the corresponding species (55.8 and 6.7 for the liver and intestine, respectively, in rats; 16.5 and 7.7 for the liver and intestine, respectively, in humans). However, when $V(\text{max})/K(\text{m})$ was scaled up to intrinsic clearance ($\text{mL}/\text{min}/\text{kg}$ body weight), hepatic intrinsic clearance was much greater than the intestinal clearance by 50- to 200-fold. These results suggest that the liver plays a much greater role in first-pass **metabolism** of indinavir than the intestine in both species. Consistently, ketoconazole, a selective inhibitor for CYP3A, and an anti-rat CYP3A1 antibody strongly inhibited hepatic and intestinal **metabolism** of indinavir in both rats and humans, suggesting the involvement of CYP3A isoforms in both organs. Oral treatment of rats with dexamethasone (50 mg/kg/day for 4 days), a potent CYP3A inducer, increased both hepatic and intestinal **metabolism** of indinavir by a factor of 7 and 3, respectively. Furthermore, indinavir selectively inhibited 6.beta.-hydroxylase activity of testosterone, a CYP3A marker activity, in rat and human liver microsomes; the interactions between testosterone and indinavir were competitive with $K(i)$ values of $< 1.0 \mu\text{M}$.

CT EMTAGS: pharmacokinetics (0194); digestive system (0935); liver (0946); mammal (0738); human (0888); nonhuman (0777); male (0041); rat (0733); controlled study (0197); human tissue, cells or cell components (0111); animal tissue, cells or cell components (0105); adolescent (0017); article (0060); priority journal (0007); enzyme (0990)

Medical Descriptors:

***drug metabolism**
liver metabolism
 intestine
 drug oxidation
 liver microsome
 kinetics
 drug clearance
 first pass effect
 human
 nonhuman
 male
 rat
 controlled study
 human tissue
 animal tissue

adolescent
 article
 priority journal
 Drug Descriptors:
 *indinavir: PK, pharmacokinetics
 *proteinase inhibitor: PK, pharmacokinetics
 reduced nicotinamide adenine dinucleotide phosphate
 cytochrome p450 isoenzyme
 testosterone
 dexamethasone
 oxygenase

CN (1) Mk 639

L30 ANSWER 3 OF 30 EMBASE COPYRIGHT 1997 ELSEVIER SCI. B.V.
 ACCESSION NUMBER: 97092491 EMBASE
 TITLE: Indinavir.
 AUTHOR: Ohta Y.; Shinkai I.
 CORPORATE SOURCE: Japan
 SOURCE: Bioorganic and Medicinal Chemistry, (1997) 5/3
 (463-464).
 ISSN: 0968-0896 CODEN: BMECEP
 PUBLISHER IDENT.: S 0968-0896(96)00261-1
 COUNTRY: United Kingdom
 DOCUMENT TYPE: Journal
 FILE SEGMENT: 004 Microbiology
 030 Pharmacology
 037 Drug Literature Index
 LANGUAGE: English
 SUMMARY LANGUAGE: English

- AB The IC₉₅ (95% inhibitory concentration) of indinavir was in the range of 25-100 nM. In drug combination studies with the nucleoside analogues zidovudine and didanosine, as well as with an investigational non-nucleoside (L-697,661), indinavir showed synergistic activity in cell culture. Viral resistance was correlated with the accumulation of mutations that resulted in the expression of amino acid substitutions in the viral protease. Eleven amino acid residue positions have been identified. Indinavir was rapidly absorbed in the fasted state. Cross-resistance was noted between indinavir and the protease inhibitor ritonavir. Varying degrees of cross-resistance have been observed between indinavir and other **HIV-protease inhibitors**. Seven **metabolites** have been identified, one glucuronide conjugate and six oxidation **metabolites**. In vitro studies indicate that cytochrome P-450 3A4 (CRY3A4) is the major enzyme responsible for formation of the oxidative **metabolites**. Indinavir has been studied in phase III clinical trials as a monotherapy (dose-escalation) and in combination with zidovudine and with zidovudine + didanosine. The recommended dosage of Crixivan is 800 mg (two 400 mg capsules) orally every 8 h. The dosage is the same whether Crixivan is used alone or in combination with other antiretroviral agents. In an analysis of early clinical trials for safety, nephrolithiasis was the only clinically significant ADR.
- AB The IC₉₅ (95% inhibitory concentration) of indinavir was in the range of 25-100 nM. In drug combination studies with the nucleoside analogues zidovudine and didanosine, as well as with an investigational non-nucleoside (L-697,661), indinavir showed synergistic activity in cell culture. Viral resistance was correlated with the accumulation of mutations that resulted in the

expression of amino acid substitutions in the viral protease. Eleven amino acid residue positions have been identified. Indinavir was rapidly absorbed in the fasted state. Cross-resistance was noted between indinavir and the protease inhibitor ritonavir. Varying degrees of cross-resistance have been observed between indinavir and other **HIV-protease inhibitors**. Seven

metabolites have been identified, one glucuronide conjugate and six oxidation **metabolites**. In vitro studies indicate that cytochrome P-450 3A4 (CRY3A4) is the major enzyme responsible for formation of the oxidative **metabolites**. Indinavir has been studied in phase III clinical trials as a monotherapy (dose-escalation) and in combination with zidovudine and with zidovudine + didanosine. The recommended dosage of Crixivan is 800 mg (two 400 mg capsules) orally every 8 h. The dosage is the same whether Crixivan is used alone or in combination with other antiretroviral agents. In an analysis of early clinical trials for safety, nephrolithiasis was the only clinically significant ADR.

CT EMTAGS: infection (0310); therapy (0160); virus (0761); cell, tissue or organ culture (0103); chemical procedures (0107); heredity (0137); pharmacokinetics (0194); mammal (0738); human (0888); oral drug administration (0181); short survey (0002)

Medical Descriptors:

*antiviral activity

*human immunodeficiency virus infection: DT, drug therapy

*human immunodeficiency virus

in vitro study

cell culture

drug synthesis

drug resistance

mutation

drug metabolism

human

oral drug administration

short survey

Drug Descriptors:

*indinavir: AN, drug analysis

*indinavir: CB, drug combination

*indinavir: CM, drug comparison

*indinavir: DV, drug development

*indinavir: DO, drug dose

*indinavir: DT, drug therapy

*indinavir: PD, pharmacology

*antiretrovirus agent: AN, drug analysis

*antiretrovirus agent: CB, drug combination

*antiretrovirus agent: CM, drug comparison

*antiretrovirus agent: DV, drug development

*antiretrovirus agent: IT, drug interaction

*antiretrovirus agent: PD, pharmacology

zidovudine: CB, drug combination

zidovudine: DT, drug therapy

didanosine: CB, drug combination

didanosine: DT, drug therapy

3 [(4,7 dichloro 2 benzoxazolylmethyl)amino] 5 ethyl 6 methyl 2(1h)

pyridone: CB, drug combination

3 [(4,7 dichloro 2 benzoxazolylmethyl)amino] 5 ethyl 6 methyl 2(1h)

pyridone: DT, drug therapy

drug metabolite: AN, drug analysis

CN (1) Crixivan; (2) **Mk 639**; (3) L 735524; (4) L 697661

✓ L30 ANSWER 4 OF 30 EMBASE COPYRIGHT 1997 ELSEVIER SCI. B.V.
 ACCESSION NUMBER: 97069869 EMBASE
 TITLE: Pharmacokinetic enhancement of inhibitors of the human immunodeficiency virus protease by coadministration with ritonavir.
 AUTHOR: Kempf D.J.; Marsh K.C.; Kumar G.; Rodrigues A.D.; Denissen J.F.; McDonald E.; Kukulka M.J.; Hsu A.; Granneman G.R.; Baroldi P.A.; Sun E.; Pizzuti D.; Plattner J.J.; Norbeck D.W.; Leonard J.M.
 CORPORATE SOURCE: United States. Dale.J.Kempf@abbott.com
 SOURCE: Antimicrobial Agents and Chemotherapy, (1997) 41/3 (654-660).
 Refs: 33
 ISSN: 0066-4804 CODEN: AMACCQ
 COUNTRY: United States
 DOCUMENT TYPE: Journal
 FILE SEGMENT: 004 Microbiology
 030 Pharmacology
 037 Drug Literature Index
 LANGUAGE: English
 SUMMARY LANGUAGE: English

AB Coadministration with the human immunodeficiency virus (HIV) **protease inhibitor** ritonavir was investigated as a method for enhancing the levels of other peptidomimetic **HIV protease inhibitors** in plasma. In rat and human liver microsomes, ritonavir potently inhibited the cytochrome P450 (CYP)- mediated **metabolism** of saquinavir, indinavir, nelfinavir, and **VX-478**. The structural features of ritonavir responsible for CYP binding and inhibition were examined. Coadministration of other protease inhibitors with ritonavir in rats and dogs produced elevated and sustained plasma drug levels 8 to 12 h after a single dose. Drug exposure in rats was elevated by 8- to 46-fold. A >50-fold enhancement of the concentrations of saquinavir in plasma was observed in humans following a single codose of ritonavir (600 mg) and saquinavir (200 mg). These results indicate that ritonavir can favorably alter the pharmacokinetic profiles of other protease inhibitors. Combination regimens of ritonavir and other protease inhibitors may thus play a role in the treatment of HIV infection. Because of potentially substantial drug level increases, however, such combinations require further investigation to establish safe regimens for clinical use.

AB Coadministration with the human immunodeficiency virus (HIV) **protease inhibitor** ritonavir was investigated as a method for enhancing the levels of other peptidomimetic **HIV protease inhibitors** in plasma. In rat and human liver microsomes, ritonavir potently inhibited the cytochrome P450 (CYP)- mediated **metabolism** of saquinavir, indinavir, nelfinavir, and **VX-478**. The structural features of ritonavir responsible for CYP binding and inhibition were examined. Coadministration of other protease inhibitors with ritonavir in rats and dogs produced elevated and sustained plasma drug levels 8 to 12 h after a single dose. Drug exposure in rats was elevated by 8- to 46-fold. A >50-fold enhancement of the concentrations of saquinavir in plasma was observed in humans following a single codose of ritonavir (600 mg) and saquinavir (200 mg). These results indicate that ritonavir can

favorably alter the pharmacokinetic profiles of other protease inhibitors. Combination regimens of zidovudine and other protease inhibitors may thus play a role in the treatment of HIV infection. Because of potentially substantial drug level increases, however, such combinations require further investigation to establish safe regimens for clinical use.

CT EMTAGS: virus (0761); infection (0310); therapy (0160); etiology (0135); digestive system (0935); liver (0946); pharmacokinetics (0194); mammal (0738); human (0888); nonhuman (0777); male (0041); female (0042); rat (0733); human experiment (0104); normal human (0800); animal experiment (0112); human tissue, cells or cell components (0111); oral drug administration (0181); article (0060); priority journal (0007)

Medical Descriptors:

*human immunodeficiency virus 1
 *human immunodeficiency virus infection: DT, drug therapy
 *human immunodeficiency virus infection: ET, etiology
 liver microsome

drug metabolism

dose response
 drug mixture
 drug elimination
 drug potentiation
 human
 nonhuman
 male
 female
 rat
 human experiment
 normal human
 clinical trial
 crossover procedure
 animal experiment
 human tissue
 oral drug administration
 article
 priority journal

Drug Descriptors:

*ritonavir: CT, clinical trial
 *ritonavir: CB, drug combination
 *ritonavir: DO, drug dose
 *ritonavir: IT, drug interaction
 *ritonavir: DT, drug therapy
 *ritonavir: PK, pharmacokinetics
 *ritonavir: PD, pharmacology
 *protease inhibitor: CT, clinical trial
 *protease inhibitor: CB, drug combination
 *protease inhibitor: DO, drug dose
 *protease inhibitor: IT, drug interaction
 *protease inhibitor: DT, drug therapy
 *protease inhibitor: PK, pharmacokinetics
 *protease inhibitor: PD, pharmacology
 saquinavir: CT, clinical trial
 saquinavir: CB, drug combination
 saquinavir: DO, drug dose
 saquinavir: IT, drug interaction
 saquinavir: DT, drug therapy
 saquinavir: PK, pharmacokinetics

saquinavir: PD, pharmacology
 indinavir: CB, drug combination
 indinavir: DV, drug development
 indinavir: DO, drug dose
 indinavir: IT, drug interaction
 indinavir: DT, drug therapy
 indinavir: PK, pharmacokinetics
 indinavir: PD, pharmacology
 nelfinavir: CB, drug combination
 nelfinavir: DV, drug development
 nelfinavir: DO, drug dose
 nelfinavir: IT, drug interaction
 nelfinavir: DT, drug therapy
 nelfinavir: PK, pharmacokinetics
 nelfinavir: PD, pharmacology
 4 amino n [2 hydroxy 4 phenyl 3 (tetrahydrofuran 3
 yloxy carbonylamino)butyl] n isobutylbenzenesulfonamide: CB, drug
 combination
 4 amino n [2 hydroxy 4 phenyl 3 (tetrahydrofuran 3
 yloxy carbonylamino)butyl] n isobutylbenzenesulfonamide: DV, drug
 development
 4 amino n [2 hydroxy 4 phenyl 3 (tetrahydrofuran 3
 yloxy carbonylamino)butyl] n isobutylbenzenesulfonamide: DO, drug
 dose
 4 amino n [2 hydroxy 4 phenyl 3 (tetrahydrofuran 3
 yloxy carbonylamino)butyl] n isobutylbenzenesulfonamide: IT, drug
 interaction
 4 amino n [2 hydroxy 4 phenyl 3 (tetrahydrofuran 3
 yloxy carbonylamino)butyl] n isobutylbenzenesulfonamide: DT, drug
 therapy
 4 amino n [2 hydroxy 4 phenyl 3 (tetrahydrofuran 3
 yloxy carbonylamino)butyl] n isobutylbenzenesulfonamide: PK,
 pharmacokinetics
 4 amino n [2 hydroxy 4 phenyl 3 (tetrahydrofuran 3
 yloxy carbonylamino)butyl] n isobutylbenzenesulfonamide: PD,
 pharmacology
 cytochrome p450

CN Vx 478

L30 ANSWER 5 OF 30 EMBASE COPYRIGHT 1997 ELSEVIER SCI. B.V.
 ACCESSION NUMBER: 97060069 EMBASE
 TITLE: Selective biotransformation of the human
 immunodeficiency virus protease inhibitor saquinavir
 by human small-intestinal cytochrome P4503A4:
 Potential contribution to high first-pass
 metabolism.
 AUTHOR: Fitzsimmons M.E.; Collins J.M.
 CORPORATE SOURCE: United States
 SOURCE: Drug Metabolism and Disposition, (1997) 25/2
 (256-266).
 Refs: 44
 ISSN: 0090-9556 CODEN: DMDSAI
 COUNTRY: United States
 DOCUMENT TYPE: Journal
 FILE SEGMENT: 030 Pharmacology
 037 Drug Literature Index
 LANGUAGE: English
 SUMMARY LANGUAGE: English

- AB Saquinavir is a HIV1 protease inhibitor used in the treatment of patients with acquired immunodeficiency syndrome, but its use is limited by low oral bioavailability. The potential of human intestinal tissue to **metabolize** saquinavir was assessed in 17 different human small-intestinal microsomal preparations. Saquinavir was **metabolized** by human small-intestinal microsomes to numerous mono- and dihydroxylated species with K(M) values of 0.3-0.5 μ M. The major **metabolites** M-2 and M-7 were single hydroxylations on the octahydro-2-(1H)-isoquinolinyl and (1,1-dimethylethyl)amino groups, respectively. Ketoconazole and troleandomycin, selective inhibitors of cytochrome P4503A4 (CYP3A4), were potent inhibitors for all oxidative **metabolites** of saquinavir. The cytochrome P450-selective inhibitors furafylline, fluvoxamine, sulfaphenazole, mephenytoin, quinidine, and chlorzoxazone had little inhibitory effect. All saquinavir **metabolites** were highly correlated with testosterone 6 β -hydroxylation and with each other. Human hepatic microsomes and recombinant CYP3A4 oxidized saquinavir to the same **metabolic** profile observed with human small-intestinal microsomes. Indinavir, a potent **HIV protease inhibitor** and a substrate for human hepatic CYP3A4, was a comparatively poor substrate for human intestinal microsomes and inhibited the oxidative **metabolism** of saquinavir to all **metabolites** with a K(i) of 0.2 μ M. In addition, saquinavir inhibited the human, small-intestinal, microsomal CYP3A4-dependent detoxication pathway of terfenadine to its alcohol **metabolite** with a K(i) value of 0.7 μ M. These data indicate that saquinavir is **metabolized** by human intestinal CYP3A4, that this **metabolism** may contribute to its poor oral bioavailability, and that combination therapy with indinavir or other protease inhibitors may attenuate its low relative bioavailability.
- TI Selective biotransformation of the human immunodeficiency virus protease inhibitor saquinavir by human small-intestinal cytochrome P4503A4: Potential contribution to high first-pass **metabolism**.
- AB Saquinavir is a HIV1 protease inhibitor used in the treatment of patients with acquired immunodeficiency syndrome, but its use is limited by low oral bioavailability. The potential of human intestinal tissue to **metabolize** saquinavir was assessed in 17 different human small-intestinal microsomal preparations. Saquinavir was **metabolized** by human small-intestinal microsomes to numerous mono- and dihydroxylated species with K(M) values of 0.3-0.5 μ M. The major **metabolites** M-2 and M-7 were single hydroxylations on the octahydro-2-(1H)-isoquinolinyl and (1,1-dimethylethyl)amino groups, respectively. Ketoconazole and troleandomycin, selective inhibitors of cytochrome P4503A4 (CYP3A4), were potent inhibitors for all oxidative **metabolites** of saquinavir. The cytochrome P450-selective inhibitors furafylline, fluvoxamine, sulfaphenazole, mephenytoin, quinidine, and chlorzoxazone had little inhibitory effect. All saquinavir **metabolites** were highly correlated with testosterone 6 β -hydroxylation and with each other. Human hepatic microsomes and recombinant CYP3A4 oxidized saquinavir to the same **metabolic** profile observed with human small-intestinal microsomes. Indinavir, a potent **HIV protease inhibitor** and a substrate for human hepatic CYP3A4, was a comparatively poor substrate for human intestinal microsomes and

inhibited the oxidative **metabolism** of saquinavir to all **metabolites** with a $K(i)$ of 0.2 μ M. In addition, saquinavir inhibited the human, small- intestinal, microsomal CYP3A4-dependent detoxication pathway of terfenadine to its alcohol **metabolite** with a $K(i)$ value of 0.7 μ M. These data indicate that saquinavir is **metabolized** by human intestinal CYP3A4, that this **metabolism** may contribute to its poor oral bioavailability, and that combination therapy with indinavir or other protease inhibitors may attenuate its low relative bioavailability.

CT EMTAGS: pharmacokinetics (0194); digestive system (0935); small intestine (0941); liver (0946); mammal (0738); human (0888); controlled study (0197); human tissue, cells or cell components (0111); article (0060); priority journal (0007); enzyme (0990)

Medical Descriptors:

*biotransformation

***drug metabolism**

small intestine

microsome

liver microsome

enzyme inhibition

human

controlled study

human tissue

article

priority journal

Drug Descriptors:

*proteinase inhibitor: PK, pharmacokinetics

*saquinavir: PK, pharmacokinetics

*indinavir: PK, pharmacokinetics

*cytochrome p450 isoenzyme: EC, endogenous compound

*cytochrome p450 inhibitor

alpha naphthoflavone

furafylline

fluvoxamine

quercetin

sulfaphenazole

mephenytoin

quinidine

chlorzoxazone

ketoconazole

troleandomycin

midazolam

cyclosporin a

terfenadine

CN (1) Ro 31 8959; (2) **Mk 639**

L30 ANSWER 6 OF 30 EMBASE COPYRIGHT 1997 ELSEVIER SCI. B.V.

ACCESSION NUMBER: 97033183 EMBASE

TITLE: Indinavir: A pharmacologic and clinical review of a new HIV **protease inhibitor**.

AUTHOR: Lacy M.K.; Abriola K.P.

CORPORATE SOURCE: United States

SOURCE: Connecticut Medicine, (1996) 60/12 (723-727).

Refs: 20

ISSN: 0010-6178 CODEN: CNMEAH

COUNTRY: United States

08687774

DOCUMENT TYPE: Journal

FILE SEGMENT: 004 Microbiology
030 Pharmacology
037 Drug Literature Index

LANGUAGE: English

TI Indinavir: A pharmacologic and clinical review of a new HIV
protease inhibitor.

CT EMTAGS: infection (0310); pharmacokinetics (0194); therapy (0160);
mammal (0738); human (0888); short survey (0002)

Medical Descriptors:

*human immunodeficiency virus infection

drug information

drug mechanism

drug metabolism

drug indication

human

short survey

Drug Descriptors:

*indinavir: IT, drug interaction

*indinavir: PD, pharmacology

*indinavir: PK, pharmacokinetics

*protease inhibitor: PD, pharmacology

*protease inhibitor: PK, pharmacokinetics

*protease inhibitor: IT, drug interaction

zidovudine: DT, drug therapy

zidovudine: IT, drug interaction

lamivudine: IT, drug interaction

stavudine: IT, drug interaction

stavudine: DT, drug therapy

cimetidine: IT, drug interaction

quinidine: IT, drug interaction

cotrimoxazole: IT, drug interaction

fluconazole: IT, drug interaction

isoniazid: IT, drug interaction

clarithromycin: IT, drug interaction

rifampicin: IT, drug interaction

didanosine: IT, drug interaction

terfenadine: IT, drug interaction

astemizole: IT, drug interaction

cisapride: IT, drug interaction

triazolam: IT, drug interaction

midazolam: IT, drug interaction

ketoconazole: IT, drug interaction

CN (1) Crixivan; (2) **Mk 639**; (3) L 735524

L30 ANSWER 7 OF 30 MEDLINE

ACCESSION NUMBER: 97209067 MEDLINE

TITLE: Pharmacokinetic enhancement of inhibitors of the
human immunodeficiency virus protease by
coadministration with ritonavir.

AUTHOR: Kempf D J; Marsh K C; Kumar G; Rodrigues A D;
Denissen J F; McDonald E; Kukulka M J; Hsu A;
Granneman G R; Baroldi P A; Sun E; Pizzuti D;
Plattner J J; Norbeck D W; Leonard J M

CORPORATE SOURCE: Department of Infectious Diseases Research, Abbott
Laboratories, Illinois 60064, USA..
Dale.J.Kempf@abbott.com

SOURCE: ANTIMICROBIAL AGENTS AND CHEMOTHERAPY, (1997 Mar) 41

(3) 654-60.
 Journal code: 6HK. ISSN: 0066-4804.

PUB. COUNTRY: United States
 Journal; Article; (JOURNAL ARTICLE)

LANGUAGE: English

FILE SEGMENT: Priority Journals

ENTRY MONTH: 9708

ENTRY WEEK: 19970801

AB Coadministration with the human immunodeficiency virus (HIV)
) **protease inhibitor** ritonavir was investigated
 as a method for enhancing the levels of other peptidomimetic
HIV protease inhibitors in plasma. In
 rat and human liver microsomes, ritonavir potently inhibited the
 cytochrome P450 (CYP)-mediated **metabolism** of saquinavir,
 indinavir, nelfinavir, and **VX-478**. The
 structural features of ritonavir responsible for CYP binding and
 inhibition were examined. Coadministration of other protease
 inhibitors with ritonavir in rats and dogs produced elevated and
 sustained plasma drug levels 8 to 12 h after a single dose. Drug
 exposure in rats was elevated by 8- to 46-fold. A > 50-fold
 enhancement of the concentrations of saquinavir in plasma was
 observed in humans following a single codose of ritonavir (600 mg)
 and saquinavir (200 mg). These results indicate that ritonavir can
 favorably alter the pharmacokinetic profiles of other protease
 inhibitors. Combination regimens of ritonavir and other protease
 inhibitors may thus play a role in the treatment of HIV infection.
 Because of potentially substantial drug level increases, however,
 such combinations require further investigation to establish safe
 regimens for clinical use.

AB Coadministration with the human immunodeficiency virus (HIV)
) **protease inhibitor** ritonavir was investigated
 as a method for enhancing the levels of other peptidomimetic
HIV protease inhibitors in plasma. In
 rat and human liver microsomes, ritonavir potently inhibited the
 cytochrome P450 (CYP)-mediated **metabolism** of saquinavir,
 indinavir, nelfinavir, and **VX-478**. The
 structural features of ritonavir responsible for CYP binding and
 inhibition were examined. Coadministration of other protease
 inhibitors with ritonavir in rats and dogs produced elevated and
 sustained plasma drug levels 8 to 12 h after a single dose. Drug
 exposure in rats was elevated by 8- to 46-fold. A > 50-fold
 enhancement of the concentrations of saquinavir in plasma was
 observed in humans following a single codose of ritonavir (600 mg)
 and saquinavir (200 mg). These results indicate that ritonavir can
 favorably alter the pharmacokinetic profiles of other protease
 inhibitors. Combination regimens of ritonavir and other protease
 inhibitors may thus play a role in the treatment of HIV infection.
 Because of potentially substantial drug level increases, however,
 such combinations require further investigation to establish safe
 regimens for clinical use.

CT Check Tags: Animal; Female; Human; Male
 *Anti-HIV Agents: PD, pharmacology
 Area Under Curve
 Cytochrome P-450: AI, antagonists & inhibitors
Cytochrome P-450: ME, metabolism
 Dogs
 Drug Interactions
HIV Protease Inhibitors: PD, pharmacology

***HIV Protease Inhibitors: PK, pharmacokinetics**

Rats

Rats, Sprague-Dawley

***Ritonavir: PD, pharmacology**

CN 0 (Anti-HIV Agents); 0 (**HIV Protease Inhibitors**); 0 (Ritonavir)

L30 ANSWER 8 OF 30 MEDLINE

ACCESSION NUMBER: 97126223 MEDLINE

TITLE: Disposition of indinavir, a potent HIV-1 protease inhibitor, after an oral dose in humans.

AUTHOR: Balani S K; Woolf E J; Hoagland V L; Sturgill M G; Deutsch P J; Yeh K C; Lin J H

CORPORATE SOURCE: Department of Drug Metabolism, Merck Research Laboratories, West Point, PA 19486, USA.

SOURCE: DRUG METABOLISM AND DISPOSITION, (1996 Dec) 24 (12) 1389-94.

Journal code: EBR. ISSN: 0090-9556.

PUB. COUNTRY: United States

(CLINICAL TRIAL)

Journal; Article; (JOURNAL ARTICLE)

LANGUAGE: English

FILE SEGMENT: Priority Journals

ENTRY MONTH: 9706

ENTRY WEEK: 19970601

AB Indinavir, N-[2(R)-hydroxy-1(S)-indanyl]-5-[2(S)-tertiary-butylaminocarbonyl-4-(3-pyridylmethyl)piperazino]-4(S)-hydroxy-2(R)-phenylmethylpentanamide (L-735,524,**MK-639**, ayl-4- Crixivan), is a potent and specific inhibitor of the HIV-1(3 protease for the treatment of AIDS. Disposition of [14C]indinavir was investigated in six healthy subjects after single oral administration of 400 mg. AUC, Cmax, and Tmax values for indinavir were 492 microM x min, 4.7 microM, and 50 min, respectively. The AUC value for the total radioactivity in plasma was 1.9 times higher than that of indinavir, indicating the presence of **metabolites**. The major excretory route was through feces, and the minor through urine. Mean recovery of radioactivity in the feces was 83.4%. In the urine, mean recoveries of the total radioactivity and unchanged indinavir were 18.7% and 11.0% of the dose, respectively. HPLC radioactivity and LC-MS/MS analyses of urine showed the presence of indinavir and low levels of quaternary pyridine N-glucuronide (M1), 2',3'-trans-dihydroxyindanylpyridine N-oxide (M2), 2',3'-trans-dihydroxyindan (M3) and pyridine N-oxide (M4a) analogs, and despyridylmethyl analogs of M3 (M5) and indinavir (M6). M5 and M6 were the major **metabolites** in urine. The **metabolic** profile in plasma was similar to that in urine. Quantitatively, the **metabolites** in feces accounted for >47% of the dose, which along with the urinary excretion of approximately 19%, suggested that the absorption of the drug was appreciable. In the feces, radioactivity was predominantly due to M3, M5, M6, and the parent compound. Thus, in urine and feces, the prominent **metabolic** pathways were oxidations and oxidative N-dealkylations. Excretion of the quaternary N-glucuronide **metabolite** in the urine, which is a minor **metabolite** in human, was specific to primates.

AB Indinavir, N-[2(R)-hydroxy-1(S)-indanyl]-5-[2(S)-tertiary-butylaminocarbonyl-4-(3-pyridylmethyl)piperazino]-4(S)-hydroxy-2(R)-phenylmethylpentanamide (L-735,524,**MK-**

639, ayl-4- Crixivan), is a potent and specific inhibitor of the HIV-1(3 protease for the treatment of AIDS. Disposition of [14C]indinavir was investigated in six healthy subjects after single oral administration of 400 mg. AUC, Cmax, and Tmax values for indinavir were 492 microM x min, 4.7 microM, and 50 min, respectively. The AUC value for the total radioactivity in plasma was 1.9 times higher than that of indinavir, indicating the presence of **metabolites**. The major excretory route was through feces, and the minor through urine. Mean recovery of radioactivity in the feces was 83.4%. In the urine, mean recoveries of the total radioactivity and unchanged indinavir were 18.7% and 11.0% of the dose, respectively. HPLC radioactivity and LC-MS/MS analyses of urine showed the presence of indinavir and low levels of quaternary pyridine N-glucuronide (M1), 2',3'-trans-dihydroxyindanylpuridine N-oxide (M2), 2',3'-trans-dihydroxyindan (M3) and pyridine N-oxide (M4a) analogs, and despyridylmethyl analogs of M3 (M5) and indinavir (M6). M5 and M6 were the major **metabolites** in urine. The **metabolic** profile in plasma was similar to that in urine. Quantitatively, the **metabolites** in feces accounted for >47% of the dose, which along with the urinary excretion of approximately 19%, suggested that the absorption of the drug was appreciable. In the feces, radioactivity was predominantly due to M3, M5, M6, and the parent compound. Thus, in urine and feces, the prominent **metabolic** pathways were oxidations and oxidative N-dealkylations. Excretion of the quaternary N-glucuronide **metabolite** in the urine, which is a minor **metabolite** in human, was specific to primates.

CT Check Tags: Animal; Female; Human; Male
 Adult
 Area Under Curve
Bile: ME, metabolism
 Biotransformation
 Chromatography, High Pressure Liquid
 Chromatography, Liquid
 Dogs
 Feces: CH, chemistry
***HIV Protease Inhibitors: PK, pharmacokinetics**
HIV Protease Inhibitors: UR, urine
***HIV-1: EN, enzymology**
***Indinavir: PK, pharmacokinetics**
 Indinavir: UR, urine
 Rats
 Rats, Sprague-Dawley
 Species Specificity
 Spectrophotometry, Ultraviolet
 Spectrum Analysis, Mass

CN 0 (**HIV Protease Inhibitors**)

L30 ANSWER 9 OF 30 MEDLINE

ACCESSION NUMBER: 97126022 MEDLINE

TITLE: Genetic correlates of in vivo viral resistance to indinavir, a human immunodeficiency virus type 1 protease inhibitor.

AUTHOR: Condra J H; Holder D J; Schleif W A; Blahy O M; Danovich R M; Gabryelski L J; Graham D J; Laird D; Quintero J C; Rhodes A; Robbins H L; Roth E; Shivaprakash M; Yang T; Chodakewitz J A; Deutsch P J; Leavitt R Y; Massari F E; Mellors J W; Squires K E;

CORPORATE SOURCE: Steigbigel R T; Teppler H; Emini E A
 Department of Antiviral Research, Merck Research
 Laboratories, West Point, Pennsylvania 19486, USA..
 jon_condra@merck.com
 SOURCE: JOURNAL OF VIROLOGY, (1996 Dec) 70 (12) 8270-6.
 Journal code: KCV. ISSN: 0022-538X.
 PUB. COUNTRY: United States
 Journal; Article; (JOURNAL ARTICLE)
 LANGUAGE: English
 FILE SEGMENT: Priority Journals; Cancer Journals
 OTHER SOURCE: GENBANK-U71606; GENBANK-U72026
 ENTRY MONTH: 9703
 ENTRY WEEK: 19970304

- AB Indinavir (IDV) (also called CRIXIVAN, **MK-639**,
 or L-735,524) is a potent and selective inhibitor of the human
 immunodeficiency virus type 1 (HIV-1) protease. During early
 clinical trials, in which patients initiated therapy with suboptimal
 dosages of IDV, we monitored the emergence of viral resistance to
 the inhibitor by genotypic and phenotypic characterization of
 primary HIV-1 isolates. Development of resistance coincided with
 variable patterns of multiple substitutions among at least 11
 protease amino acid residues. No single substitution was present in
 all resistant isolates, indicating that resistance evolves through
 multiple genetic pathways. Despite this complexity, all of 29
 resistant isolates tested exhibited alteration of residues M-46 (to
 I or L) and/or V-82 (to A, F, or T), suggesting that screening of
 these residues may be useful in predicting the emergence of
 resistance. We also extended our previous finding that IDV-resistant
 viral variants exhibit various patterns of cross-resistance to a
 diverse panel of HIV-1 protease inhibitors. Finally, we noted an
 association between the number of protease amino acid substitutions
 and the observed level of IDV resistance. No single substitution or
 pair of substitutions tested gave rise to measurable viral
 resistance to IDV. The evolution of this resistance was found to be
 cumulative, indicating the need for ongoing viral replication in
 this process. These observations strongly suggest that therapy
 should be initiated with the most efficacious regimen available,
 both to suppress viral spread and to inhibit the replication that is
 required for the evolution of resistance.
- AB Indinavir (IDV) (also called CRIXIVAN, **MK-639**,
 or L-735,524) is a potent and selective inhibitor of the human
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 clinical trials, in which patients initiated therapy with suboptimal
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 the inhibitor by genotypic and phenotypic characterization of
 primary HIV-1 isolates. Development of resistance coincided with
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 these residues may be useful in predicting the emergence of
 resistance. We also extended our previous finding that IDV-resistant
 viral variants exhibit various patterns of cross-resistance to a
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 association between the number of protease amino acid substitutions
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pair of substitutions tested gave rise to measurable viral resistance to IDV. The evolution of this resistance was found to be cumulative, indicating the need for ongoing viral replication in this process. These observations strongly suggest that therapy should be initiated with the most efficacious regimen available, both to suppress viral spread and to inhibit the replication that is required for the evolution of resistance.

CT Check Tags: Human
 Base Sequence
 Drug Resistance, Microbial
 DNA, Viral
 Genotype
 Hela Cells
 HIV Infections: DT, drug therapy
 *HIV Infections: VI, virology
 HIV Protease: CH, chemistry
 *HIV Protease: ME, metabolism
 *HIV Protease Inhibitors: PD, pharmacology
 HIV-1: CL, classification
 *HIV-1: DE, drug effects
 HIV-1: EN, enzymology
 HIV-1: IP, isolation & purification
 *Indinavir: PD, pharmacology
 Molecular Sequence Data
 Phenotype
 Variation (Genetics)

CN EC 3.4.23.- (HIV Protease); 0 (DNA, Viral); 0 (HIV Protease Inhibitors)

L30 ANSWER 10 OF 30 MEDLINE

ACCESSION NUMBER: 97125958 MEDLINE
 TITLE: Human immunodeficiency virus. Mutations in the viral protease that confer resistance to saquinavir increase the dissociation rate constant of the protease-saquinavir complex.
 AUTHOR: Maschera B; Darby G; Palu G; Wright L L; Tisdale M; Myers R; Blair E D; Furfine E S
 CORPORATE SOURCE: Department of Virology, Glaxo Wellcome, Stevenage SG1 2NY, United Kingdom.
 SOURCE: JOURNAL OF BIOLOGICAL CHEMISTRY, (1996 Dec 27) 271 (52) 33231-5.
 Journal code: HIV. ISSN: 0021-9258.
 PUB. COUNTRY: United States
 Journal; Article; (JOURNAL ARTICLE)
 LANGUAGE: English
 FILE SEGMENT: Priority Journals; Cancer Journals
 ENTRY MONTH: 9704
 ENTRY WEEK: 19970401

AB Mutations in the human immunodeficiency virus (HIV) protease (L90M, G48V, and L90M/G48V) arise when HIV is passaged in the presence of the **HIV protease inhibitor** saquinavir. These mutations yield a virus with less sensitivity to the drug (L90M > G48V >> L90M/G48V). L90M, G48V, and L90M/G48V proteases have 1/20, 1/160, and 1/1000 the affinity for saquinavir compared to WT protease, respectively. Therefore, the affinity of mutant protease for saquinavir decreased as the sensitivity of the virus to saquinavir decreased. Association rate constants for WT and mutant proteases with saquinavir were similar, ranging from 2 to 4 x 10⁷

M-1 s-1. In contrast, the dissociation rate constants for WT, L90M, G48V, and L90M/G48V proteases complexed with saquinavir were 0.0014, 0.019, 0.128, and 0.54 s-1, respectively. This indicated that the reduced affinity for mutant proteases and saquinavir is primarily the result of larger dissociation rate constants. The increased dissociation rate constants may be the result of a decrease in the internal equilibrium between the bound inhibitor with the protease flaps up and the bound inhibitor with the flaps down. Interestingly, the affinity of these mutant proteases for **VX-478**, ABT-538, AG-1343, or L-735,524 was not reduced as much as that for saquinavir. Finally, the catalytic constants of WT and mutant proteases were determined for eight small peptide substrates that mimic the viral cleavage sites in vivo. WT and L90M proteases had similar catalytic constants for these substrates. In contrast, G48V and L90M/G48V proteases had catalytic efficiency (kcat/Km) values with TLNF-PISP, RKIL-FLDG, and AETF-YVDG that were 1/10 to 1/20 the value of WT protease. The decreased catalytic efficiencies were primarily the result of increased Km values. Thus, mutations in the protease decrease the affinity of the enzyme for saquinavir and the catalytic efficiency with peptide substrates.

AB Mutations in the human immunodeficiency virus (HIV) protease (L90M, G48V, and L90M/G48V) arise when HIV is passaged in the presence of the **HIV protease inhibitor** saquinavir. These mutations yield a virus with less sensitivity to the drug (L90M > G48V >> L90M/G48V). L90M, G48V, and L90M/G48V proteases have 1/20, 1/160, and 1/1000 the affinity for saquinavir compared to WT protease, respectively. Therefore, the affinity of mutant protease for saquinavir decreased as the sensitivity of the virus to saquinavir decreased. Association rate constants for WT and mutant proteases with saquinavir were similar, ranging from 2 to 4 x 10(7) M-1 s-1. In contrast, the dissociation rate constants for WT, L90M, G48V, and L90M/G48V proteases complexed with saquinavir were 0.0014, 0.019, 0.128, and 0.54 s-1, respectively. This indicated that the reduced affinity for mutant proteases and saquinavir is primarily the result of larger dissociation rate constants. The increased dissociation rate constants may be the result of a decrease in the internal equilibrium between the bound inhibitor with the protease flaps up and the bound inhibitor with the flaps down. Interestingly, the affinity of these mutant proteases for **VX-478**, ABT-538, AG-1343, or L-735,524 was not reduced as much as that for saquinavir. Finally, the catalytic constants of WT and mutant proteases were determined for eight small peptide substrates that mimic the viral cleavage sites in vivo. WT and L90M proteases had similar catalytic constants for these substrates. In contrast, G48V and L90M/G48V proteases had catalytic efficiency (kcat/Km) values with TLNF-PISP, RKIL-FLDG, and AETF-YVDG that were 1/10 to 1/20 the value of WT protease. The decreased catalytic efficiencies were primarily the result of increased Km values. Thus, mutations in the protease decrease the affinity of the enzyme for saquinavir and the catalytic efficiency with peptide substrates.

CT Check Tags: Human

Antiviral Agents: ME, metabolism

Drug Resistance, Microbial

*HIV Protease: GE, genetics

HIV Protease: ME, metabolism

HIV Protease Inhibitors: ME, metabolism

Indinavir: ME, metabolism

Isoquinolines: ME, metabolism

Kinetics
 Mutagenesis
 Ritonavir: ME, metabolism
 Saquinavir: ME, metabolism
 *Saquinavir: TU, therapeutic use
 Sulfonamides: ME, metabolism
 Sulfonic Acids: ME, metabolism
 CN EC 3.4.23.- (HIV Protease); 0 (Antiviral Agents); 0 (AG 1343); 0 (HIV Protease Inhibitors); 0 (Isoquinolines); 0 (Ritonavir); 0 (Sulfonamides); 0 (Sulfonic Acids); 0 (VX 478)

L30 ANSWER 11 OF 30 MEDLINE
 ACCESSION NUMBER: 97112989 MEDLINE
 TITLE: Mutational anatomy of an HIV-1 protease variant conferring cross-resistance to protease inhibitors in clinical trials. Compensatory modulations of binding and activity.
 AUTHOR: Schock H B; Garsky V M; Kuo L C
 CORPORATE SOURCE: Department of Antiviral Research, Merck Research Laboratories, West Point, Pennsylvania 19486, USA.
 SOURCE: JOURNAL OF BIOLOGICAL CHEMISTRY, (1996 Dec 13) 271 (50) 31957-63.
 Journal code: HIV. ISSN: 0021-9258.
 PUB. COUNTRY: United States
 Journal; Article; (JOURNAL ARTICLE)
 LANGUAGE: English
 FILE SEGMENT: Priority Journals; Cancer Journals
 ENTRY MONTH: 9703
 ENTRY WEEK: 19970304

AB Site-specific substitutions of as few as four amino acids (M46I/L63P/V82T/I84V) of the human immunodeficiency virus type 1 (HIV-1) protease engenders cross-resistance to a panel of protease inhibitors that are either in clinical trials or have recently been approved for HIV therapy (Condra, J. H., Schleif, W. A., Blahy, O. M., Gadryelski, L. J., Graham, D. J., Quintero, J. C., Rhodes, A., Robbins, H. L., Roth, E., Shivaprakash, M., Titus, D., Yang, T., Teppler, H., Squires, K. E., Deutsch, P. J., and Emini, E. A. (1995) Nature 374, 569-571). These four substitutions are among the prominent mutations found in primary HIV isolates obtained from patients undergoing therapy with several protease inhibitors. Two of these mutations (V82T/I84V) are located in, while the other two (M46I/L63P) are away from, the binding cleft of the enzyme. The functional role of these mutations has now been delineated in terms of their influence on the binding affinity and catalytic efficiency of the protease. We have found that the double substitutions of M46I and L63P do not affect binding but instead endow the enzyme with a catalytic efficiency significantly exceeding (110-360%) that of the wild-type enzyme. In contrast, the double substitutions of V82T and I84V are detrimental to the ability of the protease to bind and, thereby, to catalyze. When combined, the four amino acid replacements institute in the protease resistance against inhibitors and a significantly higher catalytic activity than one containing only mutations in its active site. The results suggest that in raising drug resistance, these four site-specific mutations of the protease are compensatory in function; those in the active site diminish equilibrium binding (by increasing K_i), and those away from the active site enhance catalysis (by increasing k_{cat}/K_M). This

conclusion is further supported by energy estimates in that the Gibbs free energies of binding and catalysis for the quadruple mutant are quantitatively dictated by those of the double mutants.

CT Check Tags: Human

Clinical Trials

Fusion Proteins, gag-pol: ME, metabolism

Hydrolysis

HIV Protease: CH, chemistry

*HIV Protease: GE, genetics

***HIV Protease Inhibitors: PD, pharmacology**

Indinavir: PD, pharmacology

Kinetics

Mutagenesis

Ritonavir: PD, pharmacology

Sulfonamides: PD, pharmacology

CN EC 3.4.23.- (HIV Protease); 0 (Fusion Proteins, gag-pol); 0 (

HIV Protease Inhibitors); 0 (Ritonavir);

0 (Sulfonamides); 0 (**VX 478**)

✓ L30 ANSWER 12 OF 30 MEDLINE

ACCESSION NUMBER: 97046545 MEDLINE

TITLE: Ritonavir.

AUTHOR: Lea A P; Faulds D

CORPORATE SOURCE: Adis International Limited, Auckland, New Zealand.

SOURCE: DRUGS, (1996 Oct) 52 (4) 541-6; discussion 547-8.

Ref: 37

Journal code: EC2. ISSN: 0012-6667.

PUB. COUNTRY: New Zealand

Journal; Article; (JOURNAL ARTICLE)

General Review; (REVIEW)

(REVIEW, TUTORIAL)

LANGUAGE: English

FILE SEGMENT: Priority Journals

ENTRY MONTH: 9704

ENTRY WEEK: 19970401

AB Ritonavir is a protease inhibitor with an HIV-1 resistance profile similar to that of indinavir, but different from that of saquinavir. Ritonavir has good oral bioavailability, and may increase the bioavailability of other protease inhibitors including saquinavir, nelfinavir, indinavir and **VX-478**. Clinically significant drug interactions have been predicted between ritonavir and a range of medications. In patients with HIV-1 infection, ritonavir markedly reduced viral load within 2 weeks of treatment onset and also increased CD4+ cell counts. In a large placebo-controlled trial in patients with advanced HIV infection, the addition of ritonavir to existing therapy reduced the risk of mortality by 43% and clinical progression by 56% after 6.1 months. Triple therapy with ritonavir plus zidovudine, in combination with lamivudine or zalcitabine, reduced HIV viraemia to below detectable levels in most patients with acute, and some patients with advanced HIV infection in 2 small trials. Early results suggest combination therapy with ritonavir and saquinavir increases CD4+ cell counts and decreases HIV RNA levels in patients with previously untreated HIV infection.

AB Ritonavir is a protease inhibitor with an HIV-1 resistance profile similar to that of indinavir, but different from that of saquinavir. Ritonavir has good oral bioavailability, and may increase the bioavailability of other protease inhibitors including saquinavir,

4-14-97

=> s ritonavir/cn
L2 1 RITONAVIR/CN

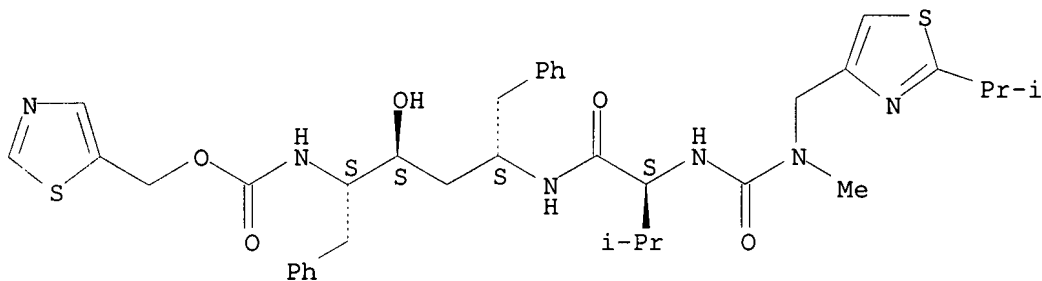
=> d 12

L2 ANSWER 1 OF 1 REGISTRY COPYRIGHT 1997 ACS
RN 155213-67-5 REGISTRY
CN 2,4,7,12-Tetraazatridecane-13-oic acid, 10-hydroxy-2-methyl-5-(1-methylethyl)-1-[2-(1-methylethyl)-4-thiazolyl]-3,6-dioxo-8,11-bis(phenylmethyl)-, 5-thiazolylmethyl ester, [5S-(5R*,8R*,10R*,11R*)]- (9CI) (CA INDEX NAME)

OTHER NAMES:

CN A 84538
CN Abbott 84538
CN ABT 538
CN Norvir
CN **Ritonavir**
FS STEREOSEARCH
MF C37 H48 N6 O5 S2
CI COM
SR CAS Registry Services
LC STN Files: BIOBUSINESS, BIOSIS, CA, CAPLUS, CEN, CHEMLIST, CIN, DDFU, DRUGNL, DRUGPAT, DRUGU, DRUGUPDATES, EMBASE, IPA, PHAR, PROMT, TOXLINE, TOXLIT, USAN, USPATFULL

Absolute stereochemistry.



35 REFERENCES IN FILE CA (1967 TO DATE)
35 REFERENCES IN FILE CAPLUS (1967 TO DATE)

=> s l3 and cyclosporine
4007 CYCLOSPORINE
L5 1 L3 AND CYCLOSPORINE

=> d bib ab

L5 ANSWER 1 OF 1 CAPLUS COPYRIGHT 1997 ACS
AN 1997:184660 CAPLUS
DN 126:166463
TI Use of ritonavir (ABT-538) for improving the pharmacokinetics of
drugs metabolized by cytochrome P450 in a method of treating aids
IN Norbeck, Daniel W.; Kempf, Dale J.; Leonard, John M.; Bertz, Richard
J.
PA Abbott Laboratories, USA
SO PCT Int. Appl., 28 pp.
CODEN: PIXXD2
PI WO 9701349 A1 970116
DS W: AU, CA, IS, JP, KR, MX
RW: AT, BE, CH, DE, DK, ES, FI, FR, GB, GR, IE, IT, LU, MC, NL, PT,
SE
AI WO 96-US11015 960628
PRAI US 95-654 950629
US 95-3849 950915
DT Patent
LA English
AB A method is disclosed for improving the pharmacokinetics of a drug
which is metabolized by cytochrome P 450 monooxygenase by use of
ritonavir. HIV inhibitory action is also claimed by combinations of
ritonavir with protease inhibitors whose pharmacokinetics are
modulated by ritanovir via its inhibitory action on cytochrome P
450.

=> s wo9414436/pn
L1 1 WO9414436/PN
(WO9414436/PN)

=> d ibib ab

L1 ANSWER 1 OF 1 WPIDS COPYRIGHT 1997 DERWENT INFORMATION LTD
ACCESSION NUMBER: 94-234319 [28] WPIDS
CROSS REFERENCE: 90-377452 [51]; 92-176578 [22]; 92-348620 [42];
93-350874 [44]; 93-386428 [48]; 94-357440 [44]
DOC. NO. CPI: C94-106528
TITLE: New di heterocyclyl-substd. carbonate cpds. - used
as HIV protease inhibiting anti-retroviral agents
esp. for treating AIDS.
DERWENT CLASS: B03
INVENTOR(S): KEMPF, D J; NORBECK, D W; SHAM, H L; ZHAO, C;
COOPER, A J; HAIGHT, A R; RENO, D S; SOWIN, T J;
ALLEN, M S; COPPER, A J; TIEN, J J
PATENT ASSIGNEE(S): (ABBO) ABBOTT LAB
COUNTRY COUNT: 23
PATENT INFORMATION:

PATENT NO	KIND	DATE	WEEK	LA	PG
WO 9414436	A1	940707	(9428)*	EN	194
RW: AT BE CH DE DK ES FR GB GR IE IT LU MC NL PT SE					
W: AU CA JP KR					
AU 9459546	A	940719	(9439)		
AU 659575	B	950518	(9528)		
IL 108126	A	950330	(9530)		
AU 9514927	A	950615	(9532)		
EP 674513	A1	951004	(9544)	EN	
R: AT BE CH DE DK ES FR GB GR IE IT LI LU NL PT SE					
EP 674513	A4	951025	(9620)		
US 5539122	A	960723	(9635)		52
US 5541206	A	960730	(9636)		106
EP 727419	A2	960821	(9638)	EN	84
R: AT BE CH DE DK ES FR GB GR IE IT LI LU NL PT SE					
US 5552558	A	960903	(9641)		56
EP 674513	B1	960925	(9643)	EN	112
R: AT BE CH DE DK ES FR GB GR IE IT LI LU NL PT SE					
ES 2088839	T1	961001	(9645)		
CA 2135890	C	960827	(9647)		
US 5565418	A	961015	(9647)		52
JP 08505844	W	960625	(9648)		217
DE 69305093	E	961031	(9649)		
EP 727419	A3	961030	(9649)		
US 5580984	A	961203	(9703)		52
US 5583232	A	961210	(9704)		58
US 5583233	A	961210	(9704)		55
US 5591860	A	970107	(9708)		53
US 5597927	A	970128	(9710)		55
US 5597928	A	970128	(9710)		56
ES 2088839	T3	970201	(9712)		
US 5608072	A	970304	(9715)		60

APPLICATION DETAILS:

PATENT NO	KIND	APPLICATION	DATE
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WO 9414436 A1
 AU 9459546 A
 AU 659575 B
 IL 108126 A
 AU 9514927 A Div ex

 EP 674513 A1

 EP 674513 A4
 US 5539122 A CIP of
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 US 5541206 A CIP of
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 ES 2088839 T1
 CA 2135890 C
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 JP 08505844 W

 DE 69305093 E

 EP 727419 A3 Div ex

 US 5580984 A CIP of
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 CIP of

WO 93-US12326 931216
 AU 94-59546 931216
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 AU 95-14927 950320
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AU 659575	B	Previous Publ.	AU 9459546
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EP 674513	A1	Based on	WO 9414436
US 5539122	A	CIP of	US 5142056
US 5541206	A	CIP of	US 5142056
US 5552558	A	CIP of	US 5142056
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ES 2088839	T1	Based on	EP 674513
US 5565418	A	CIP of	US 5142056
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DE 69305093	E	Based on	EP 674513
		Based on	WO 9414436
US 5580984	A	CIP of	US 5142056
US 5583232	A	CIP of	US 5142056
US 5583233	A	CIP of	US 5142056
US 5591860	A	CIP of	US 5142056
US 5597927	A	CIP of	US 5142056
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ES 2088839	T3	Based on	EP 674513
US 5608072	A	CIP of	US 5142056

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 89-355945 890523; US 89-405604 890908; US
 89-456124 891222; US 90-518730 900509; US
 90-616170 901120; US 91-746020 910815; US
 91-777626 911023; US 95-410996 950327; US
 95-423387 950425; US 95-411032 950327; US
 95-417304 950405; US 95-412253 950328; US
 95-412821 950329; US 95-413290 950330; US
 95-416272 950404; US 95-412438 950329; US
 95-416607 950404; US 95-416259 950404

AB WO 9414436 A UPAB: 960918

O-(Heterocyclyl-alkyl)- N-(Heterocyclyl-substd. carbonylamino-alkyl)-
 carbamates of formula (I) and their salts, esters and prodrugs are
 new. R1 = thiazolyl, oxazolyl, isoxazolyl or isothiazolyl, all
 mono-substd. by Q; Q = lower alkyl, lower alkenyl, cycloalkyl,
 cycloalkylalkyl, cycloalkenyl, cycloalkenylalkyl, Het, Het-alkyl,
 alkoxyalkyl, thioalkoxyalkyl, alkylamino, dialkylamino, phenyl (opt.
 substd. by halo, lower alkyl, OH, alkoxy or thioalkoxy), phenyl
 alkyl (opt. ring-substd. as for phenyl), dialkylaminoalkyl, alkoxy
 or thioalkoxy; Het = aziridinyl, azetidiny, pyrrolidinyl,
 piperidinyl, piperazinyl, morpholinyl, thiomorpholinyl, thiazolyl,
 oxazolyl, isoxazolyl, isothiazolyl, pyridinyl, pyrimidinyl,
 pyridazinyl or pyrazinyl (all opt. substd. by halo, lower alkyl, OH,
 alkoxy or thioalkoxy); n = 1-3; R2 = H or lower alkyl; R3 = lower
 alkyl; R4, R4a = phenyl, thiazolyl or oxazolyl (all opt. substd. by
 halo, lower alkyl, OH, alkoxy or thioalkoxy); R6 = H or lower
 alkoxy; R7 = chiazolyl, oxazolyl, isoxazolyl, or isothiazolyl, (all
 opt. substd. by lower alkyl); one of X, Y = H and the other = OH; or
 X = Y = OH Z = direct bond, O, S, CH2 or NR8; R8 = lower alkyl,
 cycloalkyl, OH or NHR8a; R8a = H, lower alkyl or N-protecting gp.;
 provided that, in cpds. where only one of X and Y = OH, X = H and Y
 = OH when R7 is unsubstd. and either Z = NR8 or R3 = Me lower = up
 to 6C.

USE/ADVANTAGE - (I) are retroviral protease inhibitors, esp.
 HIV protease inhibitor (claimed), effective in vitro or in vivo. (I)
 inhibit retroviruses, esp. HIV, in vivo and are useful for treatment
 or prophylaxis of diseases caused by retroviruses, esp. AIDS or HIV

infection. (I) may be free of the adverse effects of other anti-AIDS agents, e.g. low platelet count, renal toxicity and bone marrow cytopenia.

Dwg.0/0